

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



December 11, 2014

Ms. Marcy Metz, Chief Emergency Medical Services
San Diego County EMS Agency
6255 Mission Gorge Road
San Diego, CA 92120

Dear Ms. Metz:

This letter is in response to your 2011 San Diego County EMS Plan Update submission to the EMS Authority on September 30, 2013.

I. Introduction and Summary:

The EMS Authority has concluded its review of San Diego County's 2011 EMS Plan Update and is providing a 6-month temporary approval of the plan.

II. History and Background:

Historically, we have received EMS Plan documentation from San Diego County for its 1997-1999, 2002, 2004, 2005, 2007, and 2009 plan submissions, and most current, its 2011 plan submission.

San Diego County received its last Five-Year Plan approval (partial) for its 2005 plan submission, and its last annual plan update approval for its 2009 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

*“Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority”.*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to San Diego County's 2011 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

A. System Organization and Management

1. Table 1 (Minimum Standards/Recommended Guidelines)

Several standards are identified as only meeting the recommended guidelines. In the next plan submission, please identify whether the standards meet or do not meet the minimum standards.

Any standards that do not meet the minimum standards will need to be identified on the Progress/Objectives document and a short-/long-range plan timeframe assigned for meeting the minimum standard.

2. Progress/Objectives

Only standards that do not meet the minimum standards should be identified on the Progress/Objectives document.

- Standards 1.14 and 1.19 are identified as meeting the minimum standards. In the next plan submission, please identify this information on Table 1 and remove them from the Progress/Objectives document.
- Standards 2.02, 4.07, 8.01, 8.03, and 8.05 are identified as not meeting the minimum standard. In the next plan submission, if the minimum standards are not met, please assign objectives, short-/long-range plan timeframes for meeting the minimum standards, and provide updates on the progress for meeting the minimum standards.

B. Staffing/Training

1. Table 3 (Staffing/Training)

- In the next plan submission, please provide the number of EMT-Is authorized to use AEDs, as well as the number of public safety certified as non-EMT-Is.

C. Communications

1. Table 11 (Dispatch Agency)

- For Xtreme Care Ambulance, Inc., please attempt to collect the number of personnel providing services and report this information in the next plan submission.

D. Response/Transportation

1. Table 5 (Response/Transportation)

- Please attempt to collect the response times for the categories not collected and report this information in the next plan submission.

2. Ambulance Zones

- Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the exclusivity of San Diego County's ambulance zones.

3. Request for Proposal (RFP) - Delegation of Authority

- The EMS Authority has expressed concerns related to the potential delegation of the ability for local governmental entities to conduct ambulance request for proposals in San Diego County. Consistent with the provisions of the Health and Safety Code and Butte appellate court decision, there can only be one local EMS agency and it must be responsible for all aspects of the EMS system. There are several areas in San Diego County, including the City of San Diego, National City, City of San Marcos and the Valley Center Fire Protection District, where it appears these cities or fire districts have been conducting ambulance RFPs, which is a responsibility of the local EMS agency. As you file EMS plan amendments for these areas, the EMS Authority will review the circumstances of each area to

determine if the RFP is being conducted consistent with statute and relevant case law.

E. Facilities/Critical Care

1. Table 6 (Facilities/Critical Care)

- Please attempt to collect the number of patients meeting triage criteria who were not treated at a trauma center and report this information in the next plan submission.
- The statistics provided for basic emergency and standby services, and receiving hospitals with written agreements is inconsistent with the information presented for the facilities in Table 9. In the next plan submission, please ensure the information contained in both tables is consistent.

F. Data Collection/System Evaluation

1. Quality Improvement (QI) Program

The EMS Authority has been in contact with San Diego County's EMS Agency regarding the submission of a current QI Program. Due to the circumstances presented by San Diego County, the EMS Authority is providing San Diego County with a 6-month timeframe to complete and submit a QI Program.

- Pursuant to Title 22, California Code of Regulations § 100404, a Local EMS Agency shall develop and implement a written QI Program, and annually provide the written Program to the Authority. In accordance with the EMS Authority's *EMS System Quality Improvement Program Model Guidelines (EMSA #166)*, please submit a written QI Program that includes use of the EMS Core Measures as listed in *EMSA #166*.

2. CEMSIS EMS Data

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (H&SC § 1797.102) as it relates to data

collection and evaluation (H&SC § 1797.103). To enable the EMS Authority to make this determination, information must be made available by submission of NEMSIS Version 2.2.1 data to CEMSIS and NEMSIS Version 3 data to CEMSIS in 2015.

G. Public Information and Education

H. Disaster Medical Response

IV. Conclusion:

Based on the information identified, San Diego County may implement areas of the 2011 EMS Plan Update that have been approved. Pursuant to H&S Code § 1797.105(b):

“After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority.”

V. Next Steps:

The EMS Authority is providing a temporary approval of the 2011 EMS Plan Update, contingent upon receipt of San Diego County's QI Program. Please submit the QI Program to the EMS Authority within six (6) months from the date of this correspondence. If the QI Program is not received within the established time period, the Data Collection/System Evaluation component will no longer be approved.

Upon final approval of the 2011 EMS Plan Update, San Diego County's annual EMS Plan Update will be due on December 11, 2015.

Ms. Marcy Metz, Chief Emergency Medical Services

December 11, 2014

Page 6 of 5

If you have any questions regarding the plan review, please contact the appropriate personnel below:

Ms. Lisa Galindo, EMS Plans Coordinator, (916) 431-3688

Ms. Laura Little, EMS Transportation Plans Coordinator, (916) 431-3677

Mr. Adam Davis, EMS QI Coordinator, (916) 431-3659

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with a large initial "H" and "B".

Howard Backer, MD, MPH, FACEP

Director

Attachment

SAN DIEGO AMBULANCE ZONES

ZONE	EXCLUSIVITY			TYPE			LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Borego Springs FPD		X	Non-Competitive	X				X		X							
City of Carlsbad		X	Non-Competitive	X				X		X							
City of Chula Vista		X	Non-Competitive	X				X		X							
City of Coronado		X	Non-Competitive	X				X		X							
City of El Cajon		X	Non-Competitive	X				X		X							
City of Escondido		X	Non-Competitive	X				X		X							
Grossmont Hospital District Zone 1-Suburban		X	Non-Competitive	X				X		X							
Grossmont Hospital District Zone 2-Rural		X	Competitive	X				X		X							
Julian-Cuyamaca FPD		X	Competitive	X				X		X							
National City		X	Competitive	X				X		X							
North County FPD		X	Non-Competitive	X				X		X							
Ramona Municipal Water District	X																
City of Oceanside		X	Non-Competitive	X				X		X							
City of Poway		X	Non-Competitive	X				X		X							
City of San Diego		X	Competitive	X				X		X							
City of San Marcos		X	Competitive	X				X		X							
Valley Center FPD		X	Competitive	X				X		X							
City of Vista		X	Non-Competitive	X				X		X							
CSA #17		X	Competitive	X				X		X							
CSA #69		X	Non-Competitive	X				X		X							
Barona Indian Reservation			Sovereign Nation	X				X		X							
Sycuan Indian Reservation			Sovereign Nation	X				X		X							



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

PUBLIC HEALTH SERVICES

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Border Health
California Children Services
Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
MAA/TCM Program
Maternal, Child and Family Health Services
Public Health Laboratory
Public Health Nursing
Tuberculosis Control & Refugee Health
Vital Records

September 30, 2013

Dr. Howard Backer, MD, MPH, FACEP
Emergency Medical Services Authority Director
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

COUNTY OF SAN DIEGO 2011/12 EMERGENCY MEDICAL SERVICES PLAN

Dear Dr. Backer:

The County of San Diego Emergency Medical Services (EMS) Agency submits the 2011/12 EMS Plan update for EMS Authority's review. San Diego's EMS system is well established and continually seeks to ensure that all residents of, and visitors to, San Diego County receive timely and high quality emergency medical services, specialty care, prevention services, disaster preparedness and response.

Thank you for your continuing support on the many challenges and opportunities facing local EMS agencies. Should you or your staff have any questions regarding the attached EMS Plan update, please contact me at (619) 285-6476.

Sincerely,

Marcy Metz, Chief
Emergency Medical Services

MM:gw
Attachments

**COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES (EMS) PLAN
EXECUTIVE SUMMARY**

The San Diego County EMS System serves a diverse population of approximately 3.2 million people, and has a variety of special populations living in urban, rural, mountain and desert areas. San Diego also shares a sixty-mile long border with Mexico. The LEMSA currently has 22 designated ground advanced life support (ALS) zones, over 50 basic life support and ALS ambulance agencies and one air medical transport service to provide ALS services to San Diego County. These jurisdictions include cities, fire districts, a hospital district, a water district, four Indian reservations and two County Service Areas. Seven base hospitals provide medical direction to pre-hospital personnel responding in the field. This update to the EMS Plan reflects program and fiscal year 2011 - 2012 data. Since there have been changes since the close of the 2011-2012 fiscal year, the pertinent information, changes and challenges are summarized below.

Due to the existence of a large, developed system, San Diego's current efforts are directed toward sustaining and enhancing existing services. For example, during fiscal year 2013/14, San Diego EMS is planning/implementing four major competitive procurements for ambulance transportation services in County Service Area (CSA) 17 (northern coastal area), Ocotillo Wells/Anza-Borrego, Julian/Cuyamaca and Zone 2 (Otay Mesa and rural back country). Additionally, an RFP for CSA patient billing services will be conducted. While labor intensive, these RFPs provide EMS with the opportunity to enhance existing services while assuring that services are delivered in the most cost effective manner.

Since submission of the last EMS plan, several of the volunteer fire departments have been consolidated under the San Diego County Regional Fire Authority and are now considered part of CSA 135. The first phase of the consolidation began in the fall of 2010 and included the following agencies: De Luz Volunteer Fire Department, Intermountain Volunteer Fire and Rescue Department, Ocotillo Wells Volunteer Fire Department, Ranchita Fire & Rescue Department/Montezuma Valley Volunteer Fire, Shelter Valley Volunteer Fire Department, Sunshine Summit Volunteer Fire Department, and Warner Springs Volunteer Fire Department. On January 29, 2011, the Board of Supervisors approved the second phase of the Fire Authority's consolidation. The second phase includes the transition of Mount Laguna Volunteer Fire Department, Palomar Mountain Volunteer Fire Department, Boulevard Volunteer Fire Department & Rescue Department, Campo Volunteer Fire Department, and San Pasqual Volunteer Fire Department.

San Diego EMS is an active participant in the County's *Live Well San Diego* initiative, which is a comprehensive, long-term strategy to help County residents become healthy, safe and thriving. This initiative, adopted by the County Board of Supervisors, involves all County departments and the community. The Living Safely strategy within *Live Well San Diego* is the County's ten year plan for making San Diego one of the safest communities in the nation including community resilience to emergencies and disasters. This initiative will remain the focus of San Diego EMS's Strategic Planning over the next ten years and beyond.

Major Needs and Solutions

Similar to other large population EMS systems, a primary San Diego need is the timely collection, organization and dissemination of data. This is particularly important in San Diego because the *Live Well San Diego* strategy requires data-centric outcome measures. A major project, known as the Beacon Health Information Exchange (HIE), has been launched to allow electronic exchange of patient records between San Diego hospitals with the goal of improving the quality of care, while reducing redundant tests and diagnostic procedures. The Beacon HIE includes pre-hospital care through an EMS Hub allowing emergency department and inpatient physicians access to paramedic records of patient care. These records of care provided on scene and during transport provide valuable information for emergency department personnel. The goal of Beacon is to provide essential real-time patient information to those personnel that need to know regardless of the hospital or health care system. San Diego EMS will remain committed to this project so that the project's goals can be realized over the next several years.

In addition to Beacon, San Diego EMS is in the process of fully implementing a major upgrade to the Quality Assurance Network Collector System (QCS), which is the system utilized by San Diego to capture pre-hospital and hospital patient data on a system-wide basis. In particular, the QCS project entails transitioning to a web-based system to allow greater access and reliability. This project, known as iQCS, is a significant system enhancement that replaces obsolete technology while providing the County with internet linkage to medical first responders and hospitals. The iQCS project is nearing the full implementation phase with system users and is a noteworthy accomplishment. While implementing the iQCS project, San Diego EMS is also embarking on a project to explore other technologies that may be available to meet current and future pre-hospital, specialty care and hospital data needs.

Another project completed in 2012 is San Diego EMS's new automated inventory system known as IRMS (Integrated Resource Management Solutions). IRMS enables San Diego EMS and other sections of County Public Health Services to manage and control emergency preparedness supplies and equipment. The County's experience in managing the H1N1 influenza pandemic necessitated the implementation of an automated resource management system with tremendous capacity and functionality. In addition to daily needs, the implementation of IRMS significantly upgrades the County's ability to manage any emergency situation that would require a large scale deployment of resources.

A major challenge facing San Diego EMS and California is the dramatic decline in federal emergency preparedness grant funding. In the last three years San Diego's emergency preparedness grants have declined by over \$1 million, or 23%. The implications are significant for ongoing preparedness activities such as training; exercises; laboratory and epidemiology surveillance; re-supply and maintenance of necessary equipment, supplies and medications; support for the community's healthcare organizations and warehouse management. A reduced level or elimination of these activities will jeopardize the overall preparedness of the community to respond to the next disaster. San Diego EMS will continue to work with County departments and the State in an effort to identify new models or approaches to help mitigate this very challenging environment for emergency planning and preparedness.

The EMS system in San Diego County provides for rapid, safe, and effective emergency medical care. A substantial body of public policy has been developed with respect to emergency medical care and prevention. An ongoing collaborative process is in place that allows the system to evolve using public input and sound scientific methods. Community partners include not only the private and fire based prehospital agencies and hospitals but also skilled nursing facilities, the Hospital Association of San Diego and Imperial Counties, the Healthcare Disaster Council, the San Diego Medical Society's Emergency Medicine Oversight Commission, CSA Citizen Advisory Committees, law enforcement, military and tribal entities. Working together, the local EMS agency is able to successfully fulfill its mission and further the County's *Live Well San Diego* Initiative.

TABLE 1

SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director			X		
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning		X			
1.08	ALS Planning		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants			X		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction		X			
1.18	QA/QI			X		
1.19	Policies, Procedures, Protocols			X		

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems			X		
1.25	On-Line Medical Direction			X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan			NA		
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X			
First Responders (non-transporting):						
2.05	First Responder Training			X		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training			X		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan			X		
3.02	Radios			X		
3.03	Interfacility Transfer		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination			X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage			X		
3.10	Integrated Dispatch		X			

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries			X		
4.02	Monitoring			X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability		X			
4.11	Specialty Vehicles			X		
4.12	Disaster Response		X			
4.13	Intercounty Response		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing			X		
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities			X		
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management			X		
5.06	Hospital Evacuation		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		NA			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program			X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit			X		
Enhanced Level: Trauma Care System:x						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data			X		

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials			X		
7.02	Injury Control			X		
7.03	Disaster Preparedness			X		
7.04	First Aid & CPR Training		X			

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		X			
8.02	Response Plans			X		
8.03	HazMat Training		X			
8.04	Incident Command System			X		
8.05	Distribution of Casualties			X		
8.06	Needs Assessment			X		
8.07	Disaster Communications		X			
8.08	Inventory of Resources			X		
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements		X			
8.11	CCP Designation		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training			X		
8.14	Hospital Plans			X		
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans			X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

LEMSA:

FY:

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.19	Each local EMS agency shall develop written polocies, procedures, and/or protocols including, but not limited to:a) triage, b) treatment, c)medical dispatch protocols, d) transport, e) on-scene treatment times, f)transfer of emergency patients, g) standing orders, h) base hospital contact, i) on-scene physicians and other medical personnel, and j) local scope of practice for prehospital personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ttreatment Protocols were updated in 2012	
1.14	Each local EMS agency shall develop a policy and procedures manual, which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) with the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial review of prehospital treatment protocols October - December 2012 Policy and Procedure Manual posted online www.SanDiegoCountyEMS.com	
2.02	The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS educational programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AEMT training program approved: EMSTA , January 18, 2012	
4.07	The local EMS agency shall integrate qualified EMS first responder agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	De Luz Fire BLS added to agency table	

Table 2 - System Organization & Management (cont.)

Continuing education	_____
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	__X__
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

EMS Agency Budget for FY 2011-2012

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	3,385,509
Contract services (e.g. medical director)		1,084,553
Operations (e.g. copying, postage, facilities)		868,583
Travel		17,589
Ambulance subsidy		444,703
EMS Fund payments to physicians/hospital:		
Physician Services Account and CMS Administration		3,039,882
Trauma Centers		1,273,684
EMS 800 MHZ Network Radios		159,820
Other Transfers		1,019,204
Other: Ambulance District –CSA 69		5,521,768
Ambulance District –CSA 17		3,264,281
TOTAL EXPENSES	\$	20,079,576

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Local tax funds: CSA 69	\$	5,781,910
CSA 17		3,250,932
Certification fees		69,596
Trauma center designation fees		363,874
Other critical care center designation fees		175,000
Ambulance service/vehicle fees		119,433
EMS Fund (SB 12/612)		5,788,202
Other fees: State Aid, Health Realignment, VLF		3,464,343
State Aid, Tobacco Settlement		350,000
State – MAA		277,005
Recovered Expenditure		263,498
Other (specify): American Recovery & Reinvestment (ARRA) CPPR 93.724		104,687
Federal HHS CTG 93.531		67,819
Gain on sale/other		2,325
Revenue/Auditor Adjustment		952
TOTAL REVENUE	\$	20,079,576

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u> N/A </u>
EMS dispatcher certification	<u> N/A </u>
EMT-I certification	<u> \$17.00 </u>
EMT-I recertification	<u> \$17.00 </u>
EMT-defibrillation certification	<u> N/A </u>
EMT-defibrillation recertification	<u> N/A </u>
AEMT certification	<u> \$17.00 </u>
AEMT recertification	<u> \$17.00 </u>
EMT-P accreditation	<u> \$17.00 </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u> \$17.00 </u>
MICN/ARN recertification	<u> \$17.00 </u>
EMT-I training program approval	<u> \$300 </u>
AEMT training program approval	<u> \$400 </u>
EMT-P training program approval	<u> \$400 </u>
MICN/ARN training program approval	<u> N/A </u>
Base hospital application	<u> N/A </u>
Base hospital designation	<u> \$25,000 </u>
Trauma center application	<u> N/A </u>
Trauma center designation	<u> \$40,000 </u>
Pediatric facility approval	<u> N/A </u>
Pediatric facility designation	<u> N/A </u>
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	\$ <u> </u>
Ambulance vehicle permits - Initial	<u> \$2,000.00 </u>
Other: Ambulance permit renewal	<u> \$1,000.00 </u>
Other: BLS Amb Inspection Fee	<u> \$250 </u>
Other: ALS Amb Inspection Fee (in addition to BLS fee)	<u> \$125 </u>
Other: CCT Kit Inspection Fee	<u> \$125 </u>

Table 2 - System Organization & Management (cont.)

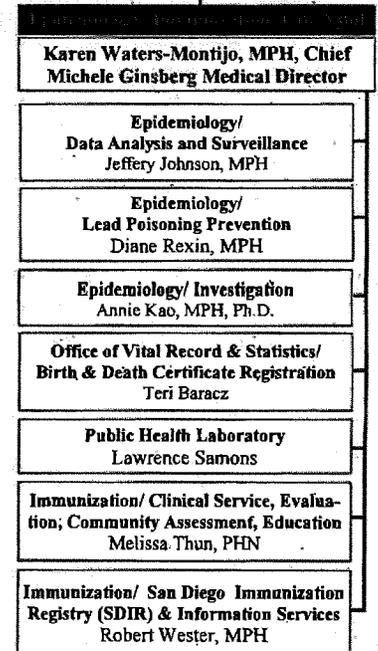
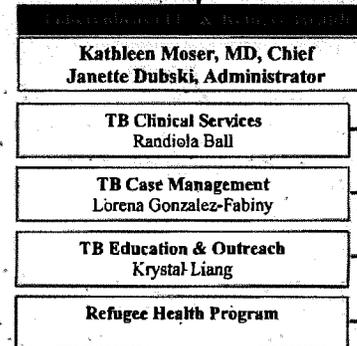
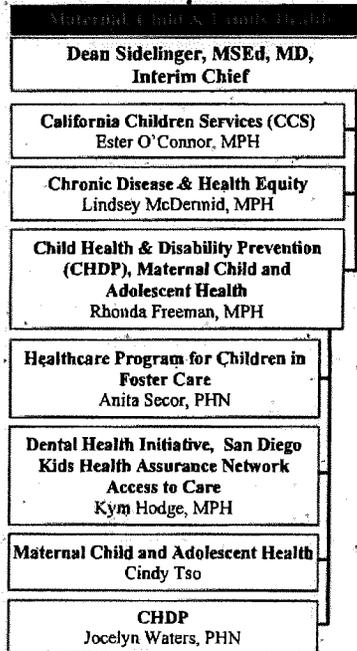
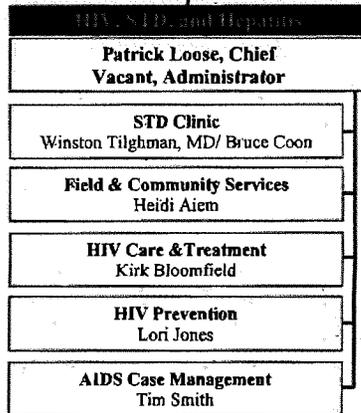
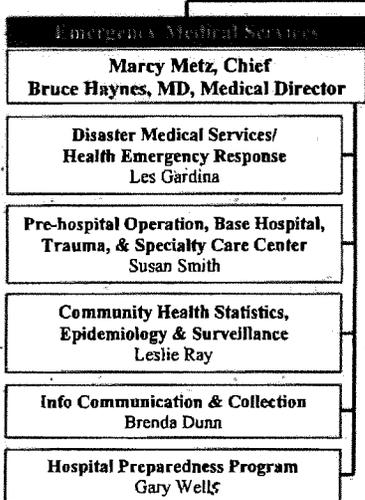
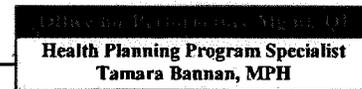
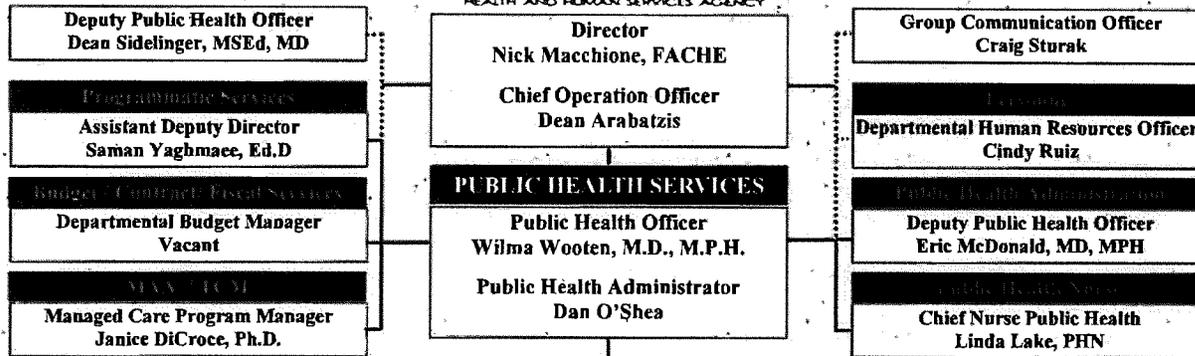
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	EMS Chief	1	46.74	60.49%	
Assistant Administrative Administrative Assistant Administrative Manager	Administrative Analyst II Administrative Analyst III Manager, Administrative Unit	2 2 1	31.97 35.27 39.83	60.49% 60.49% 60.49%	
ALS Coordinator Field Coordinator Training Coordinator	Coordinator, EMS EMS Specialist N/A	1 1	42.88 35.18	60.49% 60.49%	
Program Coordinator Field Liaison (Non-clinical)	N/A EMS Specialist	1	35.18	60.49%	
Trauma Coordinator	Quality Assurance Specialist	1	36.83	60.49%	
Medical Director	EMS Medical Director	1	96.48	60.49%	
Other MD Medical Consultant Training Medical Director	N/A N/A N/A				
Disaster Medical Planner	Coordinator, EMS	1	42.88	60.49%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Biostatistician Epidemiologist II Senior Epidemiologist	2 3 1	34.46 41.28 45.42	60.49% 60.49% 60.49%	
QA/QI Coordinator	Quality Assurance Specialist	5	40.75	60.49%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	Administrative Secretary III	1	24.35	60.49%	
Other Clerical	Administrative Secretary II Office Assistant Departmental Clerk Office Support Specialist Senior Office Assistant	1 2 1 1 1	19.53 16.43 14.42 19.02 19.02	60.49% 60.49% 60.49% 60.49% 60.49%	
Data Entry Clerk	N/A				
Other	Medical Record Technician Health Planning Program Specialist	1 1	18.58 41.83	60.49% 60.49%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.



EMERGENCY MEDICAL SERVICES (EMS)

Organizational Chart

FY 11-12

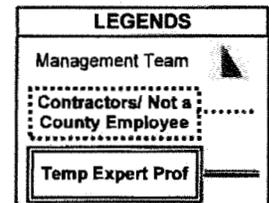
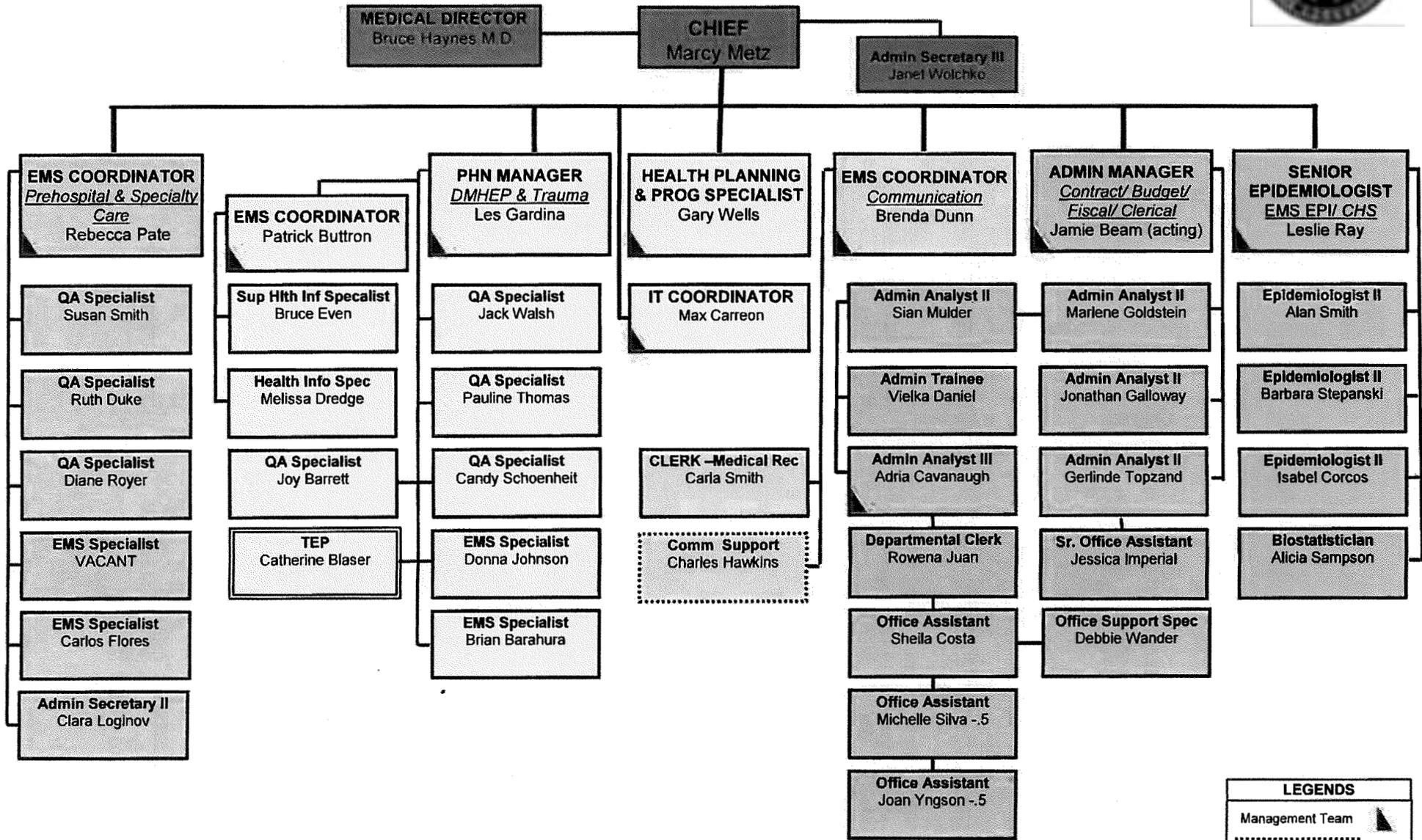


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: 2011-12

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	2,433	14	926	175
Number newly certified this year	814	14	785	38
Number recertified this year	1,619		141	137
Total number of accredited personnel on July 1 of the reporting year	N/A		N/A	N/A
Number of certification reviews resulting in:				
a) formal investigations	95			
b) probation	66			
c) suspensions	3			
d) revocations	6			
e) denials	3			
f) denials of renewal	0			
g) no action taken	N/A			

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

 N/A

b) Number of public safety (defib) certified (non-EMT-I)

 N/A

2. Do you have an EMR training program

yes no

10/31/13

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

10/3/13

Note: Table 4 is to be answered for each county.

County: San Diego
 Reporting Year: 2012

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | 18 |
| 2. Number of secondary PSAPs | 14 |
| 3. Number of dispatch centers directly dispatching ambulances | 19 |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 15 |
| 5. Number of designated dispatch centers for EMS Aircraft | _____ |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
We have multiple agencies; no central point of dispatch. We utilize individual dispatch agencies. The County of San Diego uses the San Diego County Sheriff's Communication Center as primary for county agencies/departments. | |
| 7. Who is your primary dispatch agency for a disaster?
We have multiple agencies, but use the County Ambulance Coordinator Position in the EMS DOC (MOC) as a primary coordination point. This position is currently held by AMR-San Diego. The County of San Diego uses the San Diego County Sheriff's Communication Center as primary for county agencies/departments and others in the event of a major disaster. | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency 800 MHz - Regional Communications System (RCS) | |
| b. Other methods ARES, QCS, WebEOC, CAHAN, VHF, Satellite Phone Communications, RACES, Alert San Diego & CASS (Mass Notification Systems). | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? County of San Diego Office of Emergency Services & San Diego County Sheriff's Department Communication Center has access. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

10-3-13

Reporting Year: FY1112

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 60

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Collected	Not Collected	Not Collected	Not Collected
Early defibrillation responder	Not Collected	Not Collected	Not Collected	Not Collected
Advanced life support responder	7.99	17.85	None	8.27
Transport Ambulance	Not Collected	Not Collected	Not Collected	Not Collected

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

Reporting Year: FY11/12

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u> 11228 </u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u> 7747 </u>
3. Number of major trauma patients transferred to a trauma center	<u> 1330 </u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u> n/a </u>

Emergency Departments

Total number of emergency departments	<u> 20 </u>
1. Number of referral emergency services	<u> 0 </u>
2. Number of standby emergency services	<u> 1 </u>
3. Number of basic emergency services	<u> 18 </u>
4. Number of comprehensive emergency services	<u> 1 </u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u> 0 </u>
2. Number of base hospitals with written agreements	<u> 7 </u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2011-2012

County: San Diego

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located?
**Term not used in California anymore. Replace by use of Field Treatment Sites (FTS).
Not designated.**
 - b. How are they staffed? **On-Scene Resources, Cal-Mat Teams, MRC,
Public Health Nurses**
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

2. CISD
Do you have a CISD provider with 24 hour capability? Yes No
Contracted out by San Diego County Behavioral Health Services

Medical Response Team
 - a. Do you have any team medical response capability? Yes No
**San Diego Metropolitan Medical Strike Team (MMST), San Diego Fire-Rescue
Department Urban Search & Rescue Team (USAR Team-8), DMAT-4 San Diego**
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
Depends on the asset/team
 - d. Are they part of a formal out-of-state response system? Yes No
**San Diego Fire-Rescue Department Urban Search & Rescue Team (USAR Team-8) and
DMAT-4 San Diego is part of a formal out-of-state response system**

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? **First Responder Awareness (FRA) /
First Responder Operational (FRO)**
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

- Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 19+
3. Have you tested your MCI Plan this year in a:
- a. real event? Yes No
- b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
Cooperative Aid Agreement of Counties in Southern California for Mutual Aid.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No
HPP Facilities and Base Hospitals
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No
HPP facilities
- Are you part of a multi-county EMS system for disaster response? Yes No
Part of Region VI – Regional Disaster Medical Health Operational Area Coordinator/Specialist
8. Are you a separate department or agency? Yes No
9. If not, to whom do you report
County of San Diego Health and Human Services Agency (HHSA) - Public Health Services (PHS) – Public Health Officer
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No
The Department of Environmental Health is under the Land Use and Environment Group (LUEG)

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

AIRCARE INTERNATIONAL GROUND TRANSPORT 2105 CAMINO VIDA ROBLE, SUITE E CARLSBAD, CA 92011 Phone: (760) 579-0240			Primary Contact: GREG SOTTEK Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 10 Average number of ambulances on duty at noon on any given day: 10

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____7461_____ Total number of transports
 _____10_____ Number of emergency transports
 _____7451_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

ALPINE FIRE PROTECTION DISTRICT 1834 ALPINE BOULEVARD ALPINE, CA 91901 Phone: (619) 445-2635			Primary Contact: BILL PASKLE, FIRE CHIEF Response Zone: Alpine Fire Protection District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

AMERICAN MEDICAL RESPONSE– SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-8111			Primary Contact: MIKE MURPHY, DIRECTOR OF OPERATIONS Response Zone: Zone I, Zone II, Chula Vista, National City		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 86 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

_____ 35045 Total number of Responses
 _____ 35045 Number of emergency responses
 _____ Number of non-emergency responses

_____ 28301 Total number of transports
 _____ 28191 Number of emergency transports
 _____ 110 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

AMERICARE AMBULANCE 1924 COMMERCIAL STREET, SUITE B ESCONDIDO, CA 92029 Phone: (760) 781-3895			Primary Contact: MARK EWING Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 14 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

___ 11163 ___ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

___ 9404 ___ Total number of transports
 ___ 3 ___ Number of emergency transports
 ___ 9401 ___ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

BALBOA AMBULANCE INCORPORATED P.O. BOX 34577 SAN DIEGO, CA 92163 Phone: (619) 295-1919			Primary Contact: CLARA POWELL, DIRECTOR OF OPERATIONS Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 22 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

BARONA FIRE DEPARTMENT 1112 BARONA ROAD LAKESIDE, CA 92040 Phone: (619) 390-2794			Primary Contact: KEN KREMENSKY, FIRE CHIEF Response Zone: Barona Indian Reservation		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public (Fire) <input type="checkbox"/> Private (Transport)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: 2

Transporting Agencies

_____ 227 Total number of Responses
 _____ 227 Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

BAYSIDE AMBULANCE 4901 MORENA BLVD #702 SAN DIEGO, CA 92117 Phone: (858) 270-0020			Primary Contact: OUT OF BUSINESS Response Zone:		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: 3

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

BONITA-SUNNYSIDE FIRE DEPARTMENT 4900 BONITA ROAD BONITA, CA 91902-1725 Phone: (619) 479-2346			Primary Contact: Tim Isbell, CHIEF Response Zone: Bonita-Sunnyside Fire Protection District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

BORREGO SPRINGS FIRE DEPARTMENT 2324 STIRRUP ROAD BORREGO SPRINGS, CA 92004-0898 Phone: (760) 767-5436			Primary Contact: JOHN HARDCASTLE, CHIEF Response Zone: Borrego Springs Fire Protection District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

___142___ Total number of Responses
 ___142___ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

BOULEVARD VOLUNTEER FIRE/CSA 135 33923 HIGHWAY 94 BOULEVARD, CA 91905 Phone: (619) 766-4633			Primary Contact: Response Zone: Boulevard and surrounding rural communities		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

CALIFORNIA DEPARTMENT OF FORESTRY 249 JAMACHA ROAD EL CAJON, CA 92020 Phone: (619) 590-3100			Primary Contact: THOMAS PORTER, CHIEF Response Zone: San Diego County Rural areas		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

CAMP PENDLETON FIRE DEPARTMENT Box 555211 CAMP PENDLETON, CA 92055-5211 Phone: (760) 763-2702			Primary Contact: TIMOTHY HOOVER, CHIEF Response Zone: Marine Corps Base Camp Pendleton		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 4 Average number of ambulances on duty at noon on any given day: 4

Transporting Agencies

_____ 1609 Total number of Responses
 _____ 1609 Number of emergency responses
 _____ Number of non-emergency responses

_____ 1326 Total number of transports
 _____ 1326 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

CAMPO FIRE & RESCUE 36210 CHURCH ROAD CAMPO, CA 91906 Phone: (619) 478-2371			Primary Contact: Steve Cuero Response Zone: Campo Indian Reservation		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

CARE MEDICAL TRANSPORTATION 9770 CANDIDA STREET SAN DIEGO, CA 92126 Phone: (858) 653-4520			Primary Contact: DAN GRAHAM, V.P. OPERATIONS Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 30 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ 33383 Total number of transports
 _____ 6896 Number of emergency transports
 _____ 26487 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

CARLSBAD FIRE DEPARTMENT 2560 ORION WAY CARLSBAD, CA 92008 Phone: (760) 931-2141			Primary Contact: KEVIN CRAWFORD, CHIEF Response Zone: City of Carlsbad		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

_____ 6206 Total number of Responses
 _____ 6206 Number of emergency responses
 _____ Number of non-emergency responses

_____ 4466 Total number of transports
 _____ 4466 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 691-5055			Primary Contact: DAVE HANNEMAN, CHIEF Response Zone: City of Chula Vista		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

CORONADO FIRE DEPARTMENT 1001 6TH STREET CORONADO, CA 92118 Phone: (619) 522-7374			Primary Contact: MIKE BLOOD, CHIEF Response Zone: City of Coronado		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 2 Average number of ambulances on duty at noon on any given day: 2

Transporting Agencies

_____ 1281 _____ Total number of Responses
 _____ 1281 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ 957 _____ Total number of transports
 _____ 957 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

DEER SPRINGS FIRE DEPARTMENT 8709 CIRCLE R DRIVE ESCONDIDO, CA 92026 Phone: (760) 749-8001			Primary Contact: CHRIS AMESTOY, BATTALION CHIEF Response Zone: Deer Springs Fire Protection District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

DEL MAR FIRE DEPARTMENT 2200 JIMMY DURANTE BOULEVARD DEL MAR, CA 92014-2216 Phone: (858) 755-1522			Primary Contact: SCOTT HENRY, CHIEF Response Zone: City of Del Mar		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

DE LUZ FIRE DEPARTMENT 40020 CATHY DRIVE FALLBROOK, CA 92028 Phone: (760 728-3300)			Primary Contact: MIKE MANCHOR Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

EL CAJON FIRE DEPARTMENT 100 EAST LEXINGTON EL CAJON, CA 92020-4517 Phone: (619) 441-1608			Primary Contact: DARYN DRUM, FIRE CHIEF Response Zone: City of El Cajon		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

_____ 8727 Total number of Responses
 _____ 8727 Number of emergency responses
 _____ Number of non-emergency responses

_____ 7022 Total number of transports
 _____ 7022 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

ELFIN FOREST/HARMONY GROVE FIRE DEPARTMENT 20223 ELFIN FOREST ROAD ELFIN FOREST, CA 92029 Phone: (760) 744-2186			Primary Contact: FRANK TWOHY, CHIEF Response Zone: San Diego County Service Area 107		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 1 Average number of ambulances on duty at noon on any given day: 1

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

ENCINITAS FIRE DEPARTMENT 505 SOUTH VULCAN AVENUE ENCINITAS, CA 92024-3633 Phone: (760) 633-2800			Primary Contact: SCOTT HENRY, CHIEF Response Zone: City of Encinitas		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

ER AMBULANCE 1365 NORTH JOHNSON AVENUE EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 401-9900</p>			Primary Contact: RAPHAEL SILVA Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 5 Average number of ambulances on duty at noon on any given day: 5

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

ER AMBULANCE II 9640-B MISSON GORGE ROAD #338 SANTEE, CA 92071 Phone: (619) 890-9429			Primary Contact: RAPHAEL SILVA Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 19 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers
County: San Diego **Reporting Year: FY 2011- 2012**

ESCONDIDO FIRE DEPARTMENT 201 NORTH BROADWAY ESCONDIDO, CA 92025-2762 Phone: (760) 839-5400			Primary Contact: MICHAEL LOWRY, FIRE CHIEF Response Zone: City of Escondido		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 5 Average number of ambulances on duty at noon on any given day: 4

Transporting Agencies

_____ 8532 Total number of Responses
 _____ 8532 Number of emergency responses
 _____ Number of non-emergency responses

_____ 7504 Total number of transports
 _____ 7504 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

EXPRESS TRANSPORT AMBULANCE 4400 PALM AVENUE, SUITE C LA MESA, CA 91941 Phone: (619) 589-0022			Primary Contact: THAMERT DAOUD, OWNER Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 8 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

FEDERAL FIRE DEPARTMENT P.O. BOX 81226 SAN DIEGO, CA 92138-1226 Phone: (619) 556-7001			Primary Contact: DAVID NICHOLS, CHIEF Response Zone: San Diego Marine Corps Recruiting Depot and Naval Base San Diego.		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 6 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

____ 645 ____ Total number of Responses
 ____ 645 ____ Number of emergency responses
 _____ Number of non-emergency responses

____ 577 ____ Total number of transports
 ____ 577 ____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

FIRST GREYHOUND AMBULANCE 2220 MICRO PLACE #1 ESCONDIDO, CA 92029 Phone: (760) 705-4304			Primary Contact: OUT OF BUSINESS, AUGUST 2013 Response Zone:		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: 2

Transporting Agencies

_____ 1904 _____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ 1881 _____ Total number of transports
 _____ Number of emergency transports
 _____ 1881 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

GENTLE CARE TRANSPORTATION, INC (GCTI) 3539 CASITAS AVENUE LOS ANGELES, CA 90039 <p style="text-align: right;">Phone: (323) 662-8777</p>			Primary Contact: ROBERT CAMARENA Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 2 Average number of ambulances on duty at noon on any given day: 2

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

IMPERIAL BEACH FIRE DEPARTMENT 865 IMPERIAL BEACH BOULEVARD IMPERIAL BEACH, CA 91932-2795 Phone: (619) 423-8223			Primary Contact: JASON BELL, EMS FIREFIGHTER ENGINEER/PARAMEDIC Response Zone: City of Imperial Beach		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

INTERMOUNTAIN FIRE & RESCUE/CSA 135 1672 MAIN STREET, SUITE E RAMONA, CA 92065 Phone: (760) 789-3710			Primary Contact: JACK WETHEY, EMS COORDINATOR Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

JULIAN FIRE DEPARTMENT 2645 FARMER ROAD JULIAN, CA 92036-0033 Phone: (760) 765-1510			Primary Contact: DONNA ANDREWS, EMS COORDINATOR Response Zone: Julian Cuyamaca Fire Protection District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 2 Average number of ambulances on duty at noon on any given day: 1

Transporting Agencies

_____ 374 Total number of Responses
 _____ 374 Number of emergency responses
 _____ Number of non-emergency responses

_____ 262 Total number of transports
 _____ 262 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

LAKESIDE FIRE DEPARTMENT 12365 PARKSIDE STREET LAKESIDE, CA 92040 Phone: (619) 390-2350			Primary Contact: ANDY PARR, FIRE CHIEF Response Zone: Lakeside Fire Protection District and County Service Area 69		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: 2

Transporting Agencies

_____ 3788 Total number of Responses
 _____ 3788 Number of emergency responses
 _____ Number of non-emergency responses

_____ 3563 Total number of transports
 _____ 3563 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941-5001 Phone: (619) 667-1355			Primary Contact: DARYN DRUM, FIRE CHIEF Response Zone: City of La Mesa		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

LEMON GROVE FIRE DEPARTMENT 7853 CENTRAL AVENUE LEMON GROVE, CA 91945 Phone: (619) 825-3835			Primary Contact: RICK SITTA, FIRE CHIEF Response Zone: City of Lemon Grove		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

LIBERTY AMBULANCE, LLC 14109 PONTLAVOY AVENUE SANTA FE SPRINGS, CA 90670 Phone: (562) 741-6230			Primary Contact: OUT OF BUSINESS Response Zone:		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 5 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

MAXCARE AMBULANCE 7614 LEMON AVENUE LEMON GROVE, CA 91945 Phone: (619) 303-6705			Primary Contact: MAX LAUFER Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 13 Average number of ambulances on duty at noon on any given day: _____

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____13739_____ Total number of transports
 _____ Number of emergency transports
 _____13739_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

MEDFLEET AMBULANCE 3479 KURTZ STREET SAN DIEGO, CA 92110 Phone: (619) 222-2244			Primary Contact: OUT OF BUSINESS Response Zone:		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: 1

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

MERCY AIR AMBULANCE 9745 PROSPECT AVE., STE. 204 SANTEE, CA 92071 Phone: (619) 448-3457			Primary Contact: KELLY FOREMAN Response Zone: San Diego County		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 5 Average number of ambulances on duty at noon on any given day: 5

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ 2347 Total number of responses
 _____ 2346 Number of emergency responses
 _____ 1 Number of non-emergency responses

_____ 1040 Total number of transports
 _____ 1039 Number of emergency transports
 _____ 1 Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

MERCY MEDICAL TRANSPORT, INC. 2537 OLD SAN PASQUAL ROAD ESCONDIDO, CA 92027 Phone: (760) 739-8026			Primary Contact: DOUG MORIARTY Response Zone: Valley Center Fire Protection District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 13 Average number of ambulances on duty at noon on any given day: 5

Transporting Agencies

_____ 3079 Total number of Responses
 _____ 3079 Number of emergency responses
 _____ Number of non-emergency responses

_____ 2493 Total number of transports
 _____ 2493 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

MIRAMAR FIRE DEPARTMENT P.O. BOX 452006 SAN DIEGO, CA 92145 Phone: (858) 577-6136			Primary Contact: MARY ANDERSON, EMS COORDINATOR Response Zone: Marine Corps Air Station Miramar		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 2 Average number of ambulances on duty at noon on any given day: 2

Transporting Agencies

_____ 341 _____ Total number of Responses
 _____ 341 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ 291 _____ Total number of transports
 _____ 291 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

MT. LAGUNA VOLUNTEER FIRE DEPARTMENT/CSA 135 10385 SUNRISE HIGHWAY MT. LAGUNA, CA 91948 Phone: (619) 473-8143			Primary Contact: JACK WETHEY, EMS COORDINATOR Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

NATIONAL CITY FIRE DEPARTMENT 333 EAST 16TH STREET NATIONAL CITY, CA 91950-4596 Phone: (619) 336-4551			Primary Contact: FRANK PARRA, EMERGENCY SERVICES DIRECTOR Response Zone: City of National City		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

NATIONAL STEEL AND SHIPBUILDING COMPANY (NASSCO) FIRE DEPARTMENT 2798 HARBOR DRIVE SAN DIEGO, CA 92113 Phone: (619) 544-8889			Primary Contact: ROGER WESSELY Response Zone: National Steel and Shipbuilding Company		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

NORTH COUNTY FIRE DEPARTMENT 315 EAST IVY FALLBROOK, CA 92028-2198 Phone: (760) 723-2005			Primary Contact: WILLIAM METCALF, FIRE CHIEF Response Zone: North County Fire Protection District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: 3

Transporting Agencies

_____ 2664 _____ Total number of Responses
 _____ 2664 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ 1772 _____ Total number of transports
 _____ 1772 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

OCEANSIDE FIRE DEPARTMENT 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 Phone: (760) 435-4100			Primary Contact: DARRYL HEBERT, FIRE CHIEF Response Zone: City of Oceanside		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 8 Average number of ambulances on duty at noon on any given day: 4

Transporting Agencies

_____ 10429 Total number of Responses
 _____ 10429 Number of emergency responses
 _____ Number of non-emergency responses

_____ 6063 Total number of transports
 _____ 6063 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

OCOTILLO WELLS FIRE/CSA 135 5841 SR-78 Borrego Springs, CA 92004 Phone: (760) 767-7430			Primary Contact: JACK WETHEY, EMS COORDINATOR Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

PACIFIC AMBULANCE 3944 MURPHY CANYON ROAD, C-106 SAN DIEGO, CA 92123 Phone: (858) 300-8850			Primary Contact: CLAUDIA CARDENSAS, OPERATIONS MANAGER Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 24 Average number of ambulances on duty at noon on any given day: _____

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____18663_____ Total number of transports
 _____1004_____ Number of emergency transports
 _____17659_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

PALA FIRE BATTALION 11800 PALA MISSION ROAD PALA, CA 92059-0043 Phone: (760) 742-1632			Primary Contact: ANTHONY RAVAGO, CHIEF Response Zone: Pala Indian Reservation		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 1 Average number of ambulances on duty at noon on any given day: 1

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

PALOMAR MOUNTAIN FIRE/CSA 135 21610 CRESTLINE ROAD PALOMAR MOUNTAIN, CA 92060 Phone: (760) 742-3701			Primary Contact: GEORGE LUCIA, CHIEF Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

PINE VALLEY FIRE PROTECTION DISTRICT 28850 OLDE HIGHWAY 80 PINE VALLEY, CA 91962 Phone: (619) 473-8445			Primary Contact: JACK WETHEY, EMS COORDINATOR Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

POWAY FIRE DEPARTMENT 13050 COMMUNITY ROAD POWAY, CA 92064-5702 Phone: (858) 668-4461/4466			Primary Contact: MARK SANCHEZ, FIRE CHIEF Response Zone: City of Poway		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4 Average number of ambulances on duty at noon on any given day: 2

Transporting Agencies

_____ 1898 Total number of Responses
 _____ 1898 Number of emergency responses
 _____ Number of non-emergency responses

_____ 1413 Total number of transports
 _____ 1413 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

PREMIER MEDICAL TRANSPORT 5040 NORTH PALM STREET, STE 501 FULLERTON, CA 92835 Phone: (714) 353-9556			Primary Contact: RICK PATEL Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 4 Average number of ambulances on duty at noon on any given day: 4

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

PRIORITY ONE MEDICAL TRANSPORT 202 GREENFIELD, SUITE A EL CAJON, CA 92020 Phone: (800) 600-3370 X4477			Primary Contact: OUT OF BUSINESS Response Zone:		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 4 Average number of ambulances on duty at noon on any given day: 4

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

RAMONA FIRE DEPARTMENT 105 WEST EARLHAM STREET RAMONA, CA 92065-1558 Phone: (760) 789-1330			Primary Contact: JACK WETHEY, EMS COORDINATOR Response Zone: Ramona Municipal Water District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: 2

Transporting Agencies

_____ 916 Total number of Responses
 _____ 916 Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

RANCHITA FIRE/MONTEZUMA/CSA 135 (MONTEZUMA VALLEY VOLUNTEER FIRE DEPARTMENT) 37370 MONTEZUMA VALLEY ROAD RANCHITA, CA 92066-9706 Phone: (760) 782-3467			Primary Contact: JACK WETHEY, EMS COORDINATOR Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

RANCHO SANTA FE FIRE DEPARTMENT 16936 EL FUEGO RANCHO SANTA FE, CA 92067-0410 Phone: (858) 756-5971			Primary Contact: TONY MICHEL, FIRE CHIEF Response Zone: Rancho Santa Fe Fire Protection District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport (BLS) <input checked="" type="checkbox"/> Non-Transport (ALS)	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SAN DIEGO MEDICAL SERVICES / RURAL METRO, INC. 10405 SAN DIEGO MISSION DRIVE SAN DIEGO, CA 92108 Phone: (619) 280-6060			Primary Contact: WAYNE JOHNSON Response Zone: City of San Diego, County Service Area 17		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 85 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

85933 Total number of Responses
 85933 Number of emergency responses
 _____ Number of non-emergency responses

78352 Total number of transports
 78352 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SAN DIEGO RURAL FIRE DEPARTMENT 14145 HIGHWAY 94 JAMUL, CA 91935 Phone: (619) 669-1188			Primary Contact: MIKE MEYER Response Zone: San Diego Rural Fire Protection District		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SAN DIEGO FIRE AND RESCUE 1010 SECOND AVENUE, SUITE 400 SAN DIEGO, CA 92101-4101 Phone: (619) 533-4308			Primary Contact: CRISS BRAINARD, DEPUTY FIRE CHIEF Response Zone: City of San Diego		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public/Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SAN MARCOS FIRE DEPARTMENT 1 CIVIC CENTER DRIVE SAN MARCOS, CA 92069-2949 Phone: (760) 744-1050 x3403			Primary Contact: TODD NEWMAN, FIRE CHIEF Response Zone: City of San Marcos		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4 Average number of ambulances on duty at noon on any given day: 3

Transporting Agencies

_____ 5222 Total number of Responses
 _____ 5222 Number of emergency responses
 _____ Number of non-emergency responses

_____ 4138 Total number of transports
 _____ 4138 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SAN MIGUEL FIRE DEPARTMENT 2850 VIA ORANGE WAY SPRING VALLEY, CA 91978-1746 Phone: (619) 670-0500			Primary Contact: JACK WETHEY, EMS COORDINATOR Response Zone: San Miguel Consolidated Fire Protection District		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SAN ONOFRE FIRE DEPARTMENT 14300 MESA ROAD SAN CLEMENTE, CA 92672 Phone: (949) 368-6649			Primary Contact: MATHEW HAY, FIRE CAPTAIN Response Zone: San Onofre Nuclear Generating Station		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Fire)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 1 Average number of ambulances on duty at noon on any given day: 1

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SAN PASQUAL FIRE/CSA 135 208 EAST FIFTH AVENUE ESCONDIDO, CA 92025 Phone: (760) 745-9565			Primary Contact: EMS COORDINATOR Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SANTEE FIRE DEPARTMENT 10601 MAGNOLIA AVENUE SANTEE, CA 92071-6514 Phone: (619) 258-4100 x207			Primary Contact: RICHARD MATTICK, DIVISION CHIEF Response Zone: City of Santee, County Service Area 69		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 4 Average number of ambulances on duty at noon on any given day: 2

Transporting Agencies

_____ 4186 _____ Total number of Responses
 _____ 4186 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ 3933 _____ Total number of transports
 _____ 3933 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: JANE HALL, REGIONAL MANAGER Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 4 Average number of ambulances on duty at noon on any given day: 4

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SOLANA BEACH FIRE DEPARTMENT 500 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 Phone: (858) 720-2410			Primary Contact: SCOTT HENRY, FIRE CHIEF Response Zone: City of Solana Beach, County Service Area 17		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

SYCUAN FIRE DEPARTMENT 5449 DEHESA ROAD EL CAJON, CA 92019 Phone: (619) 445-2893			Primary Contact: CARLOS VIRGEN, BATTALION CHIEF Response Zone: Sycuan Indian Reservation		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 2 Average number of ambulances on duty at noon on any given day: 1

Transporting Agencies

_____ 461 _____ Total number of Responses
 _____ 461 _____ Number of emergency responses
 _____ _____ Number of non-emergency responses

_____ 355 _____ Total number of transports
 _____ 355 _____ Number of emergency transports
 _____ _____ Number of non-emergency transports

Air Ambulance Services

_____ _____ Total number of responses
 _____ _____ Number of emergency responses
 _____ _____ Number of non-emergency responses

_____ _____ Total number of transports
 _____ _____ Number of emergency transports
 _____ _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

VALLEY CENTER FIRE DEPARTMENT 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718 Phone: (760) 751-7600			Primary Contact: JIM RODMAN Response Zone: Valley Center Fire Protection District		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

VIEJAS RESERVATION FIRE DEPARTMENT 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718 Phone: (760) 751-7600			Primary Contact: DON BUTZ, FIRE CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 1 Average number of ambulances on duty at noon on any given day: 1

Transporting Agencies

_____ 343 Total number of Responses
 _____ 343 Number of emergency responses
 _____ Number of non-emergency responses

_____ 277 Total number of transports
 _____ 277 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers
County: San Diego **Reporting Year: FY 2011- 2012**

VISTA FIRE DEPARTMENT 175 NORTH MELROSE DRIVE VISTA, CA 92083-5718 Phone: (760) 726-2144			Primary Contact: MARILYN ANDERSON, EMS COORDINATOR Response Zone: City of Vista		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 5 Average number of ambulances on duty at noon on any given day: 3

Transporting Agencies

_____ 5256 Total number of Responses
 _____ 5256 Number of emergency responses
 _____ Number of non-emergency responses

_____ 5041 Total number of transports
 _____ 5041 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers
County: San Diego **Reporting Year: FY 2011- 2012**

WARNER SPRINGS FIRE/CSA 135 31652 HIGHWAY 79 WARNER SPRINGS, CA 92086-0010 <p style="text-align: right;">Phone: (760) 782-4275</p>			Primary Contact: JACK WETHEY, EMS COORDINATOR Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> Country <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 0 Average number of ambulances on duty at noon on any given day: 0

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

WEST SHORE AMBULANCE SERVICE, INC. 83 DESERT SHORE DRIVE DESERT SHORE, CA 92274 Phone: (760) 395-6800			Primary Contact: OUT OF BUSINESS 2012 Response Zone:		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 3 Average number of ambulances on duty at noon on any given day: 1

Transporting Agencies

_____ Total number of Responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: RESOURCES DIRECTORY – Response/Transportation/Providers

County: San Diego

Reporting Year: FY 2011- 2012

XTREME CARE AMBULANCE, INC 4438 VANDEVER AVENUE SAN DIEGO, CA 92120 Phone: (619) 822-2674			Primary Contact: SOHEIL JAWAD Response Zone: San Diego County		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Level of Service: <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> 7-digit <input checked="" type="checkbox"/> IFT
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances in fleet: 6 Average number of ambulances on duty at noon on any given day: ____

Transporting Agencies

___4335___ Total number of Responses
 ___ ___ Number of emergency responses
 ___ ___ Number of non-emergency responses

___4188___ Total number of transports
 ___420___ Number of emergency transports
 ___3768___ Number of non-emergency transports

Air Ambulance Services

___ ___ Total number of responses
 ___ ___ Number of emergency responses
 ___ ___ Number of non-emergency responses

___ ___ Total number of transports
 ___ ___ Number of emergency transports
 ___ ___ Number of non-emergency transports

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: ALVARADO HOSPITAL
Address: 6655 ALVARADO ROAD
SAN DIEGO, CA 92120

Telephone Number: (619) 287-3270

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
		<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: FALLBROOK HOSPITAL
Address: 624 EAST ELDER STREET
FALLBROOK, CA 92028

Telephone Number: (760) 728-1191

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: KAISER FOUNDATION HOSPITAL
Address: 4647 ZION AVENUE
SAN DIEGO, CA 92120

Telephone Number: (619) 528-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: NAVAL MEDICAL CENTER SAN DIEGO
Address: 34800 BOB WILSON DRIVE
SAN DIEGO, CA 92134

Telephone Number: (619) 532-6400

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<u>Pediatric Critical Care Center¹</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>EDAP²</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>PICU³</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: PALOMAR MEDICAL CENTER
Address: 555 EAST VALLEY PARKWAY
ESCONDIDO, CA 92025

Telephone Number: (760) 281-5000

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: PARADISE VALLEY HOSPITAL
Address: 2400 EAST FOURTH STREET
NATIONAL CITY, CA 91950

Telephone Number: (619) 470-4321

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: POMERADO HOSPITAL
Address: 15615 POMERADO ROAD
POWAY, CA 92064

Telephone Number: (858) 613-4000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: RADY CHILDREN'S HOSPITAL SAN DIEGO
Address: 3020 CHILDREN'S WAY
SAN DIEGO, CA 92123

Telephone Number: (858) 576-1700

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV (Pediatric)</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: SCRIPPS GREEN HOSPITAL
Address: 10666 NORTH TORREY PINES ROAD
LA JOLLA, CA 92037

Telephone Number: (858) 455-9100

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p> <p>NOTE: Has an urgent care center</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: SCRIPPS MEMORIAL HOSPITAL – ENCINITAS
Address: 354 SANTA FE DRIVE
ENCINITAS, CA 92024

Telephone Number: (760) 633-6501

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: SCRIPPS MEMORIAL HOSPITAL – LA JOLLA
Address: 9888 GENESEE AVE.
LA JOLLA, CA 92037

Telephone Number: (858) 626-4123

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: SCRIPPS MERCY HOSPITAL
Address: 4077 FIFTH AVENUE
SAN DIEGO, CA 92103

Telephone Number: (619) 294-8111

Written Contract:	Service:	Base Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center:	If Trauma Center what level:
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

STEMI Center:	Stroke Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: SCRIPPS MERCY HOSPITAL – CHULA VISTA
Address: 435 H STREET
CHULA VISTA, CA 91910

Telephone Number: (619) 691-7000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<u>Pediatric Critical Care Center¹</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>EDAP²</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>PICU³</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: SHARP CHULA VISTA MEDICAL CENTER
Address: 751 MEDICAL CENTER COURT
CHULA VISTA, CA 91911

Telephone Number: (619) 502-5800

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: SHARP CORONADO HOSPITAL
Address: 250 PROSPECT PLACE
CORONADO, CA 92118

Telephone Number: (619) 522-3600

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: SHARP GROSSMONT HOSPITAL
Address: 5555 GROSSMONT CENTER DRIVE
LA MESA, CA 91942

Telephone Number: (619) 740-6000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: SHARP MEMORIAL HOSPITAL
Address: 7901 FROST STREET
SAN DIEGO, CA 92123

Telephone Number: (858) 939-3400

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<u>Pediatric Critical Care Center¹</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>EDAP²</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>PICU³</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: TRI-CITY MEDICAL CENTER
Address: 4002 VISTA WAY
OCEANSIDE, CA 92056

Telephone Number: (760) 724-8411

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: UCSD MEDICAL CENTER
Address: 200 WEST ARBOR DR.
SAN DIEGO, CA 92103

Telephone Number: (619) 543-6222

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: UCSD THORNTON HOSPITAL
Address: 9300 CAMPUS POINT DRIVE
LA JOLLA, CA 92037

Telephone Number: (858) 657-7000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: U.S. NAVAL HOSPITAL - CAMP PENDLETON
Address: SANTA MARGARITA RD, MARINE CORPS BASE
CAMP PENDLETON, CA 92058

Telephone Number: (760) 725-1288

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: RESOURCES DIRECTORY -- Facilities
County: San Diego

Reporting Year: FY 2012

Facility: VETERANS AFFAIRS SAN DIEGO HEALTHCARE SYSTEM
Address: 3350 LA JOLLA VILLAGE DRIVE
SAN DIEGO, CA 92161

Telephone Number: (858) 552-8585

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency NOTE: Has an urgent care center	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---

<u>Pediatric Critical Care Center¹</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>EDAP²</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>PICU³</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs
County: San Diego **Reporting Year: FY 2012**

Cost of Program: EMT: \$ 575 EMT Refresher: \$ 54 Paramedic: \$ 2,678 Paramedic Refresher: \$ 0	Number of courses: Initial training EMT-I: 9 Initial training EMT-P: 2 Refresher EMT-I: 4
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Link 2 Life 2131 Palomar Airport Road #237 Carlsbad, CA 92011 <p style="text-align: right;">Phone: (760) 476-3420</p>	Contact Person: Dave Spencer, Program Director
**Program Level: EMT Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: Refresher: Continuing Education: Expiration Date: 2015
Cost of Program: EMT: \$ 1,100 – 1,400 Refresher: \$	Number of courses: Initial training: Refresher: Continuing Education:

National College of Technical Instruction (NCTI) 2655 Camino Del Rio North. #330 San Diego, CA 92123 <p style="text-align: right;">Phone: (619) 320-8444</p>	Contact Person: Doug Saltzstein, Program Director
**Program Level: EMT/AEMT Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: Refresher: Continuing Education: Expiration Date: 2015

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

AIRCARE INTERNATIONAL GROUND TRANSPORT 2105 CAMINO VIDA ROBLE, SUITE E CARLSBAD, CA 92011 <p style="text-align: right;">Phone: (760) 579-0240</p>			Primary Contact: GREG SOTTEK
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>17</u> EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

AMERICAN MEDICAL RESPONSE – SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 <p style="text-align: right;">Phone: (858) 492-8111</p>			Primary Contact: GORDON ANDERSON
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: <u>16</u> EMD Training <u>2</u> EMT _____ ALS _____ BLS _____ LALS <u>3</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

AMERICARE AMBULANCE 1924 COMMERCIAL STREET, SUITE B ESCONDIDO, CA 92029 <p style="text-align: right;">Phone: (760) 781-3895</p>			Primary Contact: BRETT SELTER, OPERATIONS MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT _____ ALS <u>6</u> BLS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

BALBOA AMBULANCE INCORPORATED 6340 RIVERDALE SAN DIEGO, CA 92120 <p style="text-align: right;">Phone: (619) 295-1942</p>			Primary Contact: CARLA POWELL, OPERATIONS MGR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT _____ ALS _____ BLS _____ LALS <u>7</u> Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

BAYSIDE AMBULANCE 4901 MORENA BLVD #702 SAN DIEGO, CA 92117 <p style="text-align: right;">Phone: (858) 270-0020</p>			Primary Contact: OUT OF BUSINESS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

CALIFORNIA DEPARTMENT OF FORESTRY 249 JAMACHA ROAD EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 590-3100</p>			Primary Contact: CHIEF DARRIN HOWELL
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT _____ ALS _____ BLS _____ LALS _____ 10 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

CARE MEDICAL TRANSPORTATION 9770 CANDIDA ST. SAN DIEGO, CA 92126 <p style="text-align: right;">Phone: (858) 653-4500</p>			Primary Contact: DANIEL GRAHAM, VP OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 4 </u> EMT _____ ALS _____ BLS _____ LALS <u> 3 </u> Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

ER AMBULANCE 1365 NORTH JOHNSON AVENUE EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 401-9900</p>			Primary Contact: RAPHAEL SILVA		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 6 </u> EMT _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

ER AMBULANCE II 9640-B MISSON GORGE ROAD #338 SANTEE, CA 92071 <p style="text-align: right;">Phone: (619) 890-9429</p>			Primary Contact: RAPHAEL SILVA
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 6 </u> EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

ESCONDIDO, CITY OF 700 WEST GRAND AVENUE ESCONDIDO, CA 92025 <p style="text-align: right;">Phone: (760) 839-4622</p>			Primary Contact: GARY WELLS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: <u> 22 </u> EMD Training _____ EMT _____ ALS _____ BLS _____ LALS <u> 1 </u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

EXPRESS TRANSPORT AMBULANCE 4400 PALM AVENUE, SUITE C LA MESA, CA 91941 <p style="text-align: right;">Phone: (619) 589-0022</p>			Primary Contact: THAMERT DAOUD
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>16</u> EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

FIRST GREYHOUND AMBULANCE 2220 MICRO PLACE #1 ESCONDIDO, CA 92029 <p style="text-align: right;">Phone: (760) 705-4304</p>			Primary Contact: OUT OF BUSINESS 2013
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>7</u> EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

GENTLE CARE TRANSPORTATION, INC (GCTI) 3539 CASITAS AVENUE LOS ANGELES, CA 90039 Phone: (323) 662-8777			Primary Contact: ROBERT CAMARENA
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 3 </u> EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

HEARTLAND DISPATCH JPA 100 EAST LEXINGTON EL CAJON, CA 92020 Phone: (619) 441-1621			Primary Contact: VALERIE NELLIS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: <u> 17 </u> EMD Training _____ EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other, explain: City/Fire District JPA		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

LIBERTY AMBULANCE, LLC 14109 PONTLAVOY AVENUE SANTA FE SPRINGS, CA 90670 <p style="text-align: right;">Phone: (562) 741-6230</p>			Primary Contact: DAN GRAHAM
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 4 </u> EMT _____ ALS _____ BLS _____ LALS <u> 3 </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

MAXCARE AMBULANCE 7614 LEMON AVENUE LEMON GROVE, CA 91945 <p style="text-align: right;">Phone: (619) 303-6705</p>			Primary Contact: MAX LAUFER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 11 </u> EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

MERCY AIR 545 GIA KENNEY ST. EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 448-3457</p>			Primary Contact: DORITA SONDEREKER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT <u> 12 </u> ALS _____ BLS _____ LALS <u> 3 </u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

NORTH COUNTY DISPATCH JPA PO BOX 410 RANCHO SANTA FE, CA 92067 <p style="text-align: right;">Phone: (858) 756-1126</p>			Primary Contact: JEFF LOGAN
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: <u> 14 </u> EMD Training _____ EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other, explain: Joint Powers Authority		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

PACIFIC AMBULANCE 5550 OBERLIN DRIVE, SUITE A SAN DIEGO, CA 92121 <p style="text-align: right;">Phone: 866-277-2727</p>			Primary Contact: CLAUDIA CARDENAS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 12 </u> EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

PREMIER MEDICAL TRANSPORT 5040 NORTH PALM STREET, STE 501 FULLERTON, CA 92835 <p style="text-align: right;">Phone: (714) 353-9556</p>			Primary Contact: RICK PATEL
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 12 </u> EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

PRIORITY ONE 202 GREENFIELD EL CAJON, CA 92020 <p style="text-align: right;">Phone: 1-800-600-3370</p>			Primary Contact: JIM KARRAS, GENERAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 8 EMD Training EMT ALS BLS LALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

SAN DIEGO FIRE AND RESCUE 3750 KEARNY VILLA ROAD SAN DIEGO, CA 92123 <p style="text-align: right;">Phone: (858) 573-1301</p>			Primary Contact: SUSAN INFANTINO, DIRECTOR
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 37 EMD Training EMT ALS 15 BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Diego

Reporting Year: FY 2012

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 <p style="text-align: right;">Phone: (619) 583-0454</p>			Primary Contact: RICK LARSON, REGIONAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u> 5 </u> EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

XTREME CARE AMBULANCE, INC 4438 VANDEVER AVENUE SAN DIEGO, CA 92120 <p style="text-align: right;">Phone: (619) 822-2674</p>			Primary Contact: SOHEIL JAWAD
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**EMS PLAN
FY 2011 -2012
AMBULANCE ZONE SUMMARY FORMS**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: Barona Indian Reservation
Name of Current Provider(s): Barona Fire Department
Area or subarea (Zone) Geographic Description: Barona Indian Reservation and surrounding communities
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Although a sovereign nation, the Barona Band of Mission Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on May 18, 1999.
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport
Method to achieve Exclusivity, if applicable (HS 1797.224): Sovereign nation

**EMS PLAN
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AMBULANCE ZONE SUMMARY FORMS**

Local EMS Agency or County Name: San Diego County
Area or sub area (Zone) Name or Title: Borrego Springs service area
Name of Current Provider(s): Borrego Springs Fire Protection District
Area or sub area (Zone) Geographic Description: The area within the geographical limits of the Borrego Springs Fire Protection District
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the Borrego Springs Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/00.
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. The Borrego Springs Fire Protection District has a history of uninterrupted ambulance transportation service since prior to 1980.

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AMBULANCE ZONE SUMMARY FORMS**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Carlsbad
Name of Current Provider(s): City of Carlsbad Fire Department
Area or sub area (Zone) Geographic Description: Carlsbad city limits
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Carlsbad. Approved and authorized by the Board of Supervisors on 8/30/77 (18).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.

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AMBULANCE ZONE SUMMARY FORMS**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Chula Vista
Name of Current Provider(s): American Medical Response
Area or subarea (Zone) Geographic Description: The jurisdictional limits of the Bonita-Sunnyside Fire Protection District and the Cities of Chula Vista and Imperial Beach
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Chula Vista. Approved and authorized by the Board of Supervisors on 3/8/77 (42).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 3/8/77.

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AMBULANCE ZONE SUMMARY FORMS**

Local EMS Agency or County Name: San Diego County
Area or sub area (Zone) Name or Title: City of Coronado
Name of Current Provider(s): Coronado Fire Department
Area or sub area (Zone) Geographic Description: City of Coronado city limits
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Coronado Fire Department. Approved and authorized by the Board of Supervisors on 7/01/2001.
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. The Coronado Fire Department has a history of uninterrupted ambulance transportation service since prior to 1980.

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AMBULANCE ZONE SUMMARY FORMS**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>County Service Area Number 17</p>
<p>Name of Current Provider(s):</p> <p>Rural/Metro Ambulance Current Agreement Start Date: September 1, 2007 (22 month contract; 2, 2 year extensions, 1 6-month extension). Previous provider was San Diego Medical Services (SDMS) – Joint Venture with San Diego Fire Rescue and Rural Metro which dissolved in 2011. Rural Metro bought the City of San Diego’s interest in SDMS. CSA 17 contract was novated to Rural Metro June 1, 2013 Current Agreement Expiration Date: December 31, 2013</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>The cities of Encinitas, Solana Beach, Del Mar and Rancho Santa Fe, and the communities of Del Mar Heights, Del Mar Terrace, and designated areas of Elfin Forest</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 17. ALS agreement with private contractor since 7/25/75.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined Competitive procurement process is currently underway</p>

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Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: County Service Area Number 69
Name of Current Provider(s): Santee Fire Department and Lakeside Fire Department
Area or subarea (Zone) Geographic Description: Area comprising the Fire Protection Districts of Lakeside and Bostonia, and the City of Santee
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 69. Approved and authorized by the Board of Supervisors on 12/18/74 (19).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 12/18/74.

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AMBULANCE ZONE SUMMARY FORMS**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of El Cajon
Name of Current Provider(s): City of El Cajon Fire Department
Area or sub area (Zone) Geographic Description: El Cajon city limits
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of El Cajon. Approved and authorized by the Board of Supervisors on 3/11/80 (37).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 3/11/80.

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AMBULANCE ZONE SUMMARY FORMS**

Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: City of Escondido
Name of Current Provider(s): City of Escondido Fire Department
Area or subarea (Zone) Geographic Description: Escondido city limits and within adjoining areas as specified by agreements mutually acceptable to both parties and approved by the County of San Diego LEMSA.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the City of Escondido. Approved and authorized by the Board of Supervisors on 8/30/77 (18).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77. On 12/7/83, the zone area was modified to include certain adjoining areas as specified by agreements mutually acceptable to both parties and approved by the County of San Diego LEMSA.

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AMBULANCE ZONE SUMMARY FORMS**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Grossmont Hospital District, Zone 1- Suburban</p>
<p>Name of Current Provider(s):</p> <p>American Medical Response</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>The boundaries of the Grossmont Hospital District</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79 (27).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to manner and scope since 5/15/79.</p>

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AMBULANCE ZONE SUMMARY FORMS**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Zone 2 Rural and Otay Mesa Service Area</p>
<p>Name of Current Provider(s):</p> <p>American Medical Response Current Agreement Start Date: November 1, 2009 (1 year contract; 4, 1 year extensions) Current Agreement Expiration Date: June 30, 2014</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Unincorporated east and south County areas.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79 (27).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined. Although the Hospital District has had the exclusive zone since 1979, this portion of the District did not have ALS services until July 1994 and therefore was established through a competitive process.</p>

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<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or sub area (Zone) Name or Title:</p> <p>Julian-Cuyamaca Fire Protection District</p>
<p>Name of Current Provider(s):</p> <p>Julian-Cuyamaca Fire Protection District Current Agreement Start Date: October 1, 2003 (4 year contract; 3, 2 year extensions) Current Agreement Expiration Date: September 30, 2013</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>The areas within the geographical limits of the Julian-Cuyamaca Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Julian-Cuyamaca Fire Protection District. Approved and authorized by the Board of Supervisors on 11/10/2000.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined. Competitive procurement process is currently underway.</p>

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<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of National City</p>
<p>Name of Current Provider(s):</p> <p>American Medical Response Current Agreement Start Date: July 1, 2006 (5 year contract; 2, 2 year extensions) Current Agreement Expiration Date: June 30, 2015</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>National City limits and adjoining areas as specified by agreements with adjoining paramedic services.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of National City. Approved and authorized by the Board of Supervisors on 10/4/83 (11).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined</p>

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Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: North County Fire Protection District
Name of Current Provider(s): North County Fire Protection District
Area or subarea (Zone) Geographic Description: The areas within the geographical limits of the North County Fire Protection District
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Exclusivity granted by contractual agreement between the County of San Diego and the North County Fire Protection District. Approved and authorized by the Board of Supervisors on 7/3/90 (24).
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport
Method to achieve Exclusivity, if applicable (HS 1797.224): Grandfathered. The NCFPD has a history of uninterrupted ambulance transportation service since prior to 1980.

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 AMBULANCE ZONE SUMMARY FORMS**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Oceanside</p>
<p>Name of Current Provider(s):</p> <p>City of Oceanside Fire Department</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>Oceanside city limits</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Oceanside. Approved and authorized by the Board of Supervisors on 3/29/77 (73).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 3/29/77.</p>

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AMBULANCE ZONE SUMMARY FORMS**

<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Poway</p>
<p>Name of Current Provider(s):</p> <p>City of Poway Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Poway city limits</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Poway. Approved and authorized by the Board of Supervisors on 12/4/76 (24).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 12/4/76.</p>

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Local EMS Agency or County Name: San Diego County
Area or subarea (Zone) Name or Title: Ramona Municipal Water District
Name of Current Provider(s): California Department of Forestry (original contract date 1990) Current Agreement Start Date July 1, 2005 Contract renewed annually on July 1 st of each year
Area or subarea (Zone) Geographic Description: Within the boundaries of the Ramona Municipal Water District and nearby areas approved by the Ramona Municipal Water District Board of Directors and approved by the Board of Supervisors.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Non-Exclusive (3/12)
Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85): N/A
Method to achieve Exclusivity, if applicable (HS 1797.224): N/A

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<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of San Diego</p>
<p>Name of Current Provider(s):</p> <p>Rural/Metro Ambulance Current Agreement Start Date: July 1, 2011 (2 year interim agreement, extended to allow time for RFP). Previous provider was San Diego Medical Services (SDMS) - Joint Venture with San Diego Fire and Rescue and Rural/Metro which dissolved in 2011; Rural Metro bought the City's interest in SDMS. Current Agreement Expiration Date: June 30, 2014 (1 year extension)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Within the boundaries of the city of San Diego with the exception of those city areas which are encompassed in a County Service Area</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of San Diego. Approved and authorized by the Board of Supervisors on 5/21/91 (55).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined</p>

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<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of San Marcos</p>
<p>San Marcos Fire Department Current Agreement Start Date: August 25, 2009 (4 year contract; 2, 3 year extensions) Current Agreement Expiration Date: August 24, 2019</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>San Marcos city limits and the San Marcos Fire Protection District</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of San Marcos. Approved and authorized by the Board of Supervisors on 12/1/87 (42).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined</p>

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<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Sycuan Indian Reservation</p>
<p>Name of Current Provider(s):</p> <p>Sycuan Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Sycuan Indian Reservation. Provides mutual aid to surrounding communities on request.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Although a sovereign nation, the Sycuan Tribal Council voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on August 1, 1997.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Sovereign nation</p>

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<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or sub area (Zone) Name or Title:</p> <p>Valley Center service area</p>
<p>Name of Current Provider(s):</p> <p>Mercy Medical Transport Current Agreement Start Date: December 1, 2012 (5 year contract; 1, 5 year extension) Current Agreement Expiration Date: November 30, 2022</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>The area within the geographical limits of the Valley Center Fire Protection District.</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Valley Center Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/2001.</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Provider is competitively determined.</p>

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<p>Local EMS Agency or County Name:</p> <p>San Diego County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Vista</p>
<p>Name of Current Provider(s):</p> <p>City of Vista Fire Department</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p>Vista city limits and the Vista Fire Protection District</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Vista. Approved and authorized by the Board of Supervisors on 8/30/77 (18).</p>
<p>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</p> <p>Emergency Ambulance (Not including IFT). 9-1-1 calls, ALS transport</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224):</p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.</p>