

BOYLE COUNTY FIRE PROTECTION DISTRICT RESCUE - EMS INCIDENT REPORT

Alarm Time: _____

DATE	RUN NUMBER	DAY OF THE WEEK	ALARM TIME	ON-SCENE TIME	CLEARED TIME
	PATIENT NUMBER	VEHICLE NUMBER	DISPATCH TIME	CONTROLLED TIME	IN QUARTERS

TYPE OF SITUATION FOUND <input type="checkbox"/> MEDICAL EMERGENCY <input type="checkbox"/> VEHICLE ACCIDENT W/ ENTRAPMENT <input type="checkbox"/> HIGH-ANGLE RESCUE <input type="checkbox"/> VEHICLE ACCIDENT W/O ENTRAPMENT <input type="checkbox"/> WATER RESCUE <input type="checkbox"/> ROUGH TERRAIN RESCUE <input type="checkbox"/> LOST PERSON <input type="checkbox"/> OTHER _____	TYPE OF ACTION TAKEN <input type="checkbox"/> MEDICAL TREATMENT <input type="checkbox"/> IMMOBILIZATION <input type="checkbox"/> DEFIBRILLATION <input type="checkbox"/> EXTRICATION <input type="checkbox"/> OXYGEN ADMIN <input type="checkbox"/> BANDAGING / SPLINTING <input type="checkbox"/> VICTIM RETRIEVAL <input type="checkbox"/> CPR <input type="checkbox"/> ARTIFICIAL VENTILATION <input type="checkbox"/> OTHER _____
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INCIDENT LOCATION	RESPONSE DISTRICT
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FIRE APPARATUS RESPONDING ENGINES _____ TANKERS _____ RESCUE TRUCKS _____ BRUSH TRUCKS _____ OTHER _____

Incident Location: _____

PATIENT NAME	DATE OF BIRTH	AGE	CHIEF COMPLAINT
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ADDRESS	CITY / STATE / ZIP	TELEPHONE NUMBER
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MEDICAL ALLERGIES	PREVIOUS MEDICAL HISTORY
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VITAL SIGNS	TIME _____	HEART RATE _____	BLOOD PRESSURE _____ / _____	RESPIRATORY RATE & QUALITY _____
	TIME _____	HEART RATE _____	BLOOD PRESSURE _____ / _____	RESPIRATORY RATE & QUALITY _____

ENVIRONMENTAL CONCERNS <input type="checkbox"/> PATIENT EXPOSED TO ELEVATED TEMP _____ F LENGTH OF TIME _____ <input type="checkbox"/> PATIENT EXPOSED TO COLD TEMP _____ F LENGTH OF TIME _____ <input type="checkbox"/> PATIENT EXPOSED TO CHEMICAL _____ <input type="checkbox"/> OTHER _____	PATIENT MEDICATIONS
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PATIENT FINAL DISPOSITION <input type="checkbox"/> TRANSPORTED TO HOSPITAL BY EMS <input type="checkbox"/> TRANSPORTED TO HOSPITAL POV <input type="checkbox"/> DECLINED TREATMENT <input type="checkbox"/> DECLINED TRANSPORT <input type="checkbox"/> AMA
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Incident Date: _____

NARRATIVE _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Station: _____

OFFICER IN CHARGE AND UNIT NUMBER	MEMBER COMPLETING REPORT	DATE OF REPORT
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MUTUAL AID GIVEN / RECEIVED / AGENCIES	UNIFIED INCIDENT COMMANDER (IF APPLICABLE)
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INCIDENT DATE	RUN NUMBER	INCIDENT LOCATION		
TOTAL NUMBER OF VEHICLES INVOLVED IN ACCIDENT	TOTAL NUMBER OF VICTIMS INVOLVED IN ACCIDENT	TOTAL NUMBER OF PATIENTS TRANSPORTED TO HOSPITAL	TOTAL NUMBER OF PATIENTS DECLINING TRANSPORT TO ER	
RESPONDING AGENCIES				
BOYLE COUNTY EMS PERSONNEL _____				
BOYLE COUNTY SHERIFF'S OFFICE _____				
KENTUCKY STATE POLICE _____ BOYLE COUNTY CORONER'S OFFICE _____				
DISASTER AND EMERGENCY MANAGEMENT _____				
OTHER AGENCY _____ RESPONDER _____				

VEHICLE NUMBER	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VIN NUMBER
ELECTRICAL SYSTEM		FUEL TYPE	SPILL OR LEAK	
RESTRAINT SYSTEM / OCCUPANT PROTECTION DEVICES USED AND/OR DEPLOYED				
SYSTEMS DISCONNECTED BY FIRE DEPARTMENT			HAZARDOUS MATERIALS CONTAINED IN VEHICLE (IF APPLICABLE)	
EXTRICATION METHOD (IF APPLICABLE)				

VEHICLE NUMBER	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VIN NUMBER
ELECTRICAL SYSTEM		FUEL TYPE	SPILL OR LEAK	
RESTRAINT SYSTEM / OCCUPANT PROTECTION DEVICES USED AND/OR DEPLOYED				
SYSTEMS DISCONNECTED BY FIRE DEPARTMENT			HAZARDOUS MATERIALS CONTAINED IN VEHICLE (IF APPLICABLE)	
EXTRICATION METHOD (IF APPLICABLE)				

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ELECTRICAL SYSTEM		FUEL TYPE	SPILL OR LEAK	
RESTRAINT SYSTEM / OCCUPANT PROTECTION DEVICES USED AND/OR DEPLOYED				
SYSTEMS DISCONNECTED BY FIRE DEPARTMENT			HAZARDOUS MATERIALS CONTAINED IN VEHICLE (IF APPLICABLE)	
EXTRICATION METHOD (IF APPLICABLE)				

INCIDENT NOTES _____

