

Emergency Reporting

Date: ___/___/___ Time: ___ Station: ___ Report ID (Call-S/N): ___ - ___

Type: Medical: ___ Fire: ___ Police: ___ Other: ___	Location: _____
Summary: _____	_____

Reporters Info (Do NOT Transmit Name):	Address: _____
Name: _____	_____
Phone: _____	City: _____

Medical:

Patient Info: Age: ___ Gender: ___	Chief Complaint: _____
Name (Do NOT Transmit): _____	Other Symptoms: _____
Conscious: ___ Breathing: ___ Bleeding: ___	_____
Chest Pain: ___ Numbness in Arm: ___	Allergies: _____

Fire Department:

Fire: Size: _____	Details: _____
What is burning: _____	_____
_____	Where Not Evacuated: _____
All Evacuated: ___ Number Not Evacuated: _____	Non-Ambulatory: _____

Gas Smell: Gas Main Hit: ___ Size of Pipe: _____	All Evacuated: ___ Number Not Evacuated: _____
Hissing: ___ Hit By What: _____	Where Not Evacuated: _____
Gas Shut Off: ___ Where: _____	Non-Ambulatory: _____

Power Lines: STAY AWAY FROM ALL DOWNED LINES	Tree/Branch On Line: ___ Tree Down: _____
Details: _____	Sparking: ___ Smoking: ___ Injuries (Fill Med): _____
_____	Power Out in Area: ___ Type of Line Down: _____

Accident: Vehicle vs: _____ Rollover: _____	Details: _____
# Vehicle: ___ Lane(s) Blocked: ___ Injuries (Fill Med): _____	_____
Trapped in Vehicle: ___ #: ___ Loc in Veh: _____	_____

More Details:

Report Taken By: _____ Callsign: _____

Signature: _____ Run Number (from Netcom): _____

