



# MERCER COUNTY FIRE PROTECTION DISTRICT RESCUE - EMS INCIDENT REPORT



Alarm Time: \_\_\_\_\_

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

<b>TYPE OF SITUATION FOUND</b> <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 _____	<b>TYPE OF ACTION TAKEN</b> <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 \_\_\_\_\_

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 \_\_\_\_\_

<b>ENVIRONMENTAL CONCERNS</b> <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 _____	<b>PATIENT MEDICATIONS</b>  
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PATIENT FINAL DISPOSITION

TRANSPORTED TO HOSPITAL BY EMS     TRANSPORTED TO HOSPITAL POV     DECLINED TREATMENT     DECLINED TRANSPORT     AMA

**NARRATIVE** \_\_\_\_\_

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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 Location: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Station: \_\_\_\_\_

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	
<b>RESPONDING AGENCIES</b>				
MERCER COUNTY EMS PERSONNEL _____				
MERCER COUNTY SHERIFF'S OFFICE _____				
KENTUCKY STATE POLICE _____ MERCER 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)				

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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)		
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SYSTEMS DISCONNECTED BY FIRE DEPARTMENT		HAZARDOUS MATERIALS CONTAINED IN VEHICLE (IF APPLICABLE)		
EXTRICATION METHOD (IF APPLICABLE)				

INCIDENT NOTES _____
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