

Emergency Reporting

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

<b>Type:</b> Medical: ___ Fire: ___ Police: ___ Other: ___	<b>Location:</b> _____
Summary: _____	_____

<b>Reporters Info (Do NOT Transmit Name):</b>	Address: _____
Name: _____	_____
Phone: _____	City: _____

**Medical:**

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

**Fire Department:**

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

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

<b>Power Lines:</b> 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: _____

<b>Accident:</b> 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): \_\_\_\_\_

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<b>Type:</b> Medical: ___ Fire: ___ Police: ___ Other: ___ Summary: _____	<b>Location:</b> _____ _____
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<b>Reporters Info (Do NOT Transmit Name):</b> Name: _____ Phone: _____	Address: _____ _____ City: _____
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**Police Department:**

What Happened: _____ _____ Weapons: _____	When: _____ Safe now: ___ Theft: ___ What Stolen: _____ Direction/Mode: _____
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Person 1: Role: _____ Race: _____ Sex: _____ Age: _____ Height: _____ Weight: _____ Hair color: _____ Length: _____ Facial: _____ Clothes: _____ Other: _____	Person 2: Role: _____ Race: _____ Sex: _____ Age: _____ Height: _____ Weight: _____ Hair color: _____ Length: _____ Facial: _____ Clothes: _____ Other: _____
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Car 1: Role: _____ Make: _____ Model: _____ Color: _____ License: _____ Year: _____ Body Style: _____ Other: _____	Car 2: Role: _____ Make: _____ Model: _____ Color: _____ License: _____ Year: _____ Body Style: _____ Other: _____
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**Other/More Details:**

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Report Taken By: \_\_\_\_\_ Callsign: \_\_\_\_\_

Signature: \_\_\_\_\_ Run Number (from Netcom): \_\_\_\_\_