

Name of Injured Person: _

SN:

Address: _

Phone Number: ____

ACCIDENT REPORT FORM

____ City: _____ Province:___

_____ Rank: _____ Unit:____

_____DOB: (MM/DD/YY) ______ Gender: ____

	Event Name:		
	Base:		
	Facility:		
	Location:		
	Date: (MM/DD/YY)		y:
	Name of escort :		
_	SN: Rank:		
_	Relationship with Injured Person:		
_	Address:		
	Postal Code:	City:	 Province:

Primary	, Assessmen
шшаг	ASSESSIIICII

Phone Number: ____

Chief Complaint/Nature of the Injury:

History and description of Injury/Illness (Be specific.)

Allergies :	

Past Medical History:

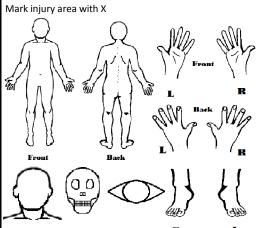
Medications:

EMS Call Time: _

Ambulance Vehicle Number:

Vitals Signs								
Time – (Local)	Blood	Pressure	Pulse	Respiration	Temp	Pι	u pils (Use Gage)	LOC
hrs	/	mmHg	/min	/min	°C	Lt:	Rt:	□ A □ V □ P □ U
hrs	/	mmHg	/min	/min	°C	Lt:	Rt:	□ A □ V □ P □ U
hrs	/	mmHg	/min	/min	°C	Lt:	Rt:	□ A □ V □ P □ U
hrs	/	mmHg	/min	/min	°C	Lt:	Rt:	□ A □ V □ P □ U

Secondary Assessment + Treatment



_ EMS Contact Person: _

Explain treatment provided, recommendations made as well as any other pertinent information. Remember to mark the adjacent diagram to give the location of the injury.

R L				
Cardiac Arrest/ AED Treatment	Oxygen Administration			
Arrest	O2 Started (time) : L/min: Mask Type: Removed (time) : Reason:			
Refusal of Treatment	Release			
I hereby refuse patient treatment and acknowledge that patient care treatment and further medical treatment was advised. I therefore release the current medical attendant and all their colleagues from all liability for respecting my expressed wish. Date (MM/DD/YY): Time: Patient (Print name + Signature): Escort (Print name + Signature):	Time of Release:			

Emergency Medical Services

_ EMS Arrival Time: ____

EMS Report Number:

__ EMS Departure Time: _

Head to Toe	A— B— C			
* Contusion (Any form of bruises or discolouration of the skin)	Airway * Clear: (No objects and easy passage of air from the mouth to the lungs)			
* Laceration (Any form of cut or open wound in the skin)	* Partial Obstruction: (There is an object that limits the passage of air from the mouth to the lungs)			
* Abrasion (Any form of scrape or multiple open and shallow wounds in the skin)	* Complete Obstruction: (There is an object that blocks all passage of air from the mouth to the			
* Puncture (Any form of hole or small and deep wounds in the skin)	lungs * Restricted: (No objects, but the passage of air from mouth to lungs seems difficult)			
* Symmetry (Left to right the body structure and shape doesn't appear to be the same)	* Maintain Manually: (An oropharyngeal airway was inserted)			
* Tenderness (Any form of spot or general discomfort from touch or otherwise)	Breathing			
* Instability (Lack of range of motion of ability to support weight)	* Present: By observation (Look, listen, feel) some breathing is apparent (rate, rhythm, Depth) * Absent: By observation (Look, listen, and feel) no breathing is apparent			
* Crepitus (Grinding noise resulting from normal range of motion)	Circulation:			
* Sub-Cutaneous Pressure (Air bubbles or other deformities present in the skin)	* Skin : Color—temperature— Texture * Present: (Skin is warm and normal colour and a test of capillary refill shows blood movement)			
	* Absent: (Skin is cool or unusual colour and a test of capillary refill shows very limited or no			
	blood movement) * Major Bleed: (The injured person losing a large amount of blood)			
	Vital Signs			
SAMPLE	Record the injured person's vital signs at least every 5 minutes until your treatment is complete or care for the			
	injured person has passed to advanced medical care.			
Symptoms: (Does the injured person have any pain, discomfort, or any other sensation associated with the injury)	Level of Consciousness (L.O.C) : Assess the injured person's level of mental awareness as one of the following options: Alert (Responds to all questions and is aware of surroundings). Verbal Responsive (Responds to noises, but			
Allergies: (i.e. allergies, nuts, animals)	appears to have impaired mental function). Pain Responsive (Responds to a pin stimulus such as pinch, but has no reaction to noises).			
Medications: (Is the injured person currently taking any medications such as, but not limited to	Pulse: If you are capable assess the injured person's pulse from the neck or the wrist. Record the number of heart beats per minute. Record if the rhythm of the beats is regular or irregular pattern. Record if the depth of the			
prescriptions, aspirin, or birth control)	beats is strong and deep or shallow and weak. Respirations: Assess the injured person's respirations by observation (look, listen, and feel). Record the number			
Past Medical History: (Does the injured person have any medical conditions such as, but not limited to Diabetes, Epilepsy, or Sports Injuries)	of breaths per minute. Record if the rhythm of the breaths are regular or irregular. Record if the Depth of the breaths is strong and deep or shallow and weak.			
Last In & Out: (What has the injured person eaten, drank, or otherwise consumed recently and	Skin: Assess the injured person's skin by observation. Record if the skin colour is a normal or unusual. Record if the skin temperature feels warm or cool. Record if the skin feels supply and dry or stiff and clammy.			
has the injured person gone to the bathroom recently)	Blood Pressure: If you are capable and have the appropriate equipment record the blood pressure systolic and			
Events Prior: (Did the injured person describe any recent events related to the injury)	diastolic. Pupils: Assess the injured person's pupils by observation. Record if the pupils are a normal or unusual shape, size,			
Treatment & A	or colour. Record if the pupils are equal to each other. Record if both pupils are reactive to light. dditional Notes			
Treatment a /				
Treatment & A	dditional Notes			
Attending Staff Name: Date:				
Attending Staff Name: Date:				
Attending Staff Name: Date:	Signature:			
Event Head Trainer : Date:	Signature:			
Follow-Up				
Corrective Action Taken:				
Supervisor Name: Date:	Signature:			
Follow-Up Phone Call to Injured Person Notes:				
Supervisor Name: Date:	Signature:			
	-			