******Wright State University**

**Department of Emergency Medicine**

**Division of Tactical Emergency Medicine**

**Emergency Medical Technician – Tactical**

**Data Collection System Incident Report Form**

**REPORTING INDIVIDUAL:**

**AGENCY INFORMATION**

1. Name
2. Address
3. Incident Date (mm/dd/yy)       Ending Date (mm/dd/yy)

**OPERATION INFORMATION**

4. Type of Operation

5. Time Operation Began (24 hr clock)

6. Time Operation Ended (24 hr clock)

7. Light Conditions

**PERSONNEL AND CASUALTY NUMBERS**

8. Number of Tactical Team Members on Scene

9. Number of Tactical Team Member Casualties

10. Number of Law Enforcement Personnel on Scene, excluding tactical team members

11. Number of Law Enforcement Casualties in this operation, excluding tactical team members

12. Total Number of Perpetrators

13. Total Number of Perpetrator Casualties

14. Estimated Number of Bystanders / Third parties Exposed to Danger

15. Number of Bystander / Third Party Casualties

**NARRATIVE**

16. Describe the tactical scenario and the sequence of events. Use reverse and / or additional pages as needed. Diagrams are requested if helpful or necessary to describe the scene.