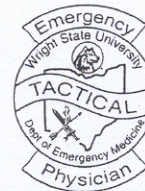




Wright State University
Department of Emergency Medicine
Division of Tactical Emergency Medicine



Emergency Medical Technician - Tactical
DATA COLLECTION SYSTEM CASUALTY REPORT FORM

AGENCY INFORMATION

1. Name _____ 4. Agency Case # _____
2. Address _____
3. Casualty Date (mm/dd/yy) _____ 5. Agency Casualty ID # _____

REPORTING INDIVIDUAL

6. Name _____ 8. Rank / Title _____
First M. Last
7. Phone _____
area code number ext

OPERATION INFORMATION

9. Type of Operation
☐ High Risk Warrant Service
☐ Barricade
☐ Hostage Rescue
☐ Dignitary Protection
☐ Crowd Control / Civil Disturbance
☐ Training
☐ Other _____
10. Phase of Operation in which injury was sustained –
☐ Containment / Surveillance
☐ Approach
☐ Entry / Assault
☐ Tactical Execution
☐ Withdrawal / Extraction
☐ Exercise
☐ Other _____

CASUALTY INFORMATION

11. Age _____ 15. Casualty Role
12. Weight _____ lbs
13. Height _____ inches
14. Sex ☐ Male ☐ Female
☐ Law Enforcement Personnel
☐ Tactical Team Member
☐ Perpetrator
☐ Third Party or Bystander
☐ Tactical Medic

CAUSE OF INJURY

16. Was injury intentional
17. Did a weapon cause the injury
18. If answer to 17 is yes, specify weapon (s) used
☐ Rifle, assault weapon
☐ Shotgun
☐ Handgun (specify) _____
☐ Blunt Instrument
☐ Knife, sharp instrument or cutting edge
☐ Other _____
19. BODY ARMOR / PROTECTIVE GEAR
☐ Vest
☐ Helmet
☐ Ballistic Shield
☐ Eye armor
☐ Gloves
☐ Other _____

INJURY INFORMATION

20. Injury Number _____

21. Part of Body

☐ Left
☐ Right
☐ Whole Body or Systemic

☐ Head
☐ Face
☐ Eye
☐ Neck
☐ Chest
☐ Back
☐ Abdomen

☐ Pelvis/Hip
☐ Upper Leg
☐ Lower Leg
☐ Knee
☐ Ankle
☐ Foot
☐ Shoulder

☐ Upper Arm
☐ Elbow
☐ Lower Arm
☐ Wrist
☐ Hand
☐ Other _____

22. Injury Type

☐ Fracture
☐ Dislocation
☐ Sprain / Strain
☐ Heat / Dehydration
☐ Cold Injury

☐ Electric Injury
☐ Toxic Exposure
☐ Abrasion (scrape)
☐ Contusion (bruise)
☐ Laceration (blunt force)

☐ Puncture
☐ Amputation
☐ Sharp Instrument
cutting edge
☐ gunshot wound

☐ Blunt Internal Injury
☐ Burn
☐ Other _____

20. Injury Number _____

21. Part of Body

☐ Left
☐ Right
☐ Whole Body or Systemic

☐ Head
☐ Face
☐ Eye
☐ Neck
☐ Chest
☐ Back
☐ Abdomen

☐ Pelvis/Hip
☐ Upper Leg
☐ Lower Leg
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☐ Burn
☐ Other _____

20. Injury Number _____

21. Part of Body

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☐ Whole Body or Systemic

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☐ Neck
☐ Chest
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☐ Foot
☐ Shoulder

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☐ Elbow
☐ Lower Arm
☐ Wrist
☐ Hand
☐ Other _____

24. Injury Type

☐ Fracture
☐ Dislocation
☐ Sprain / Strain
☐ Heat / Dehydration
☐ Cold Injury

☐ Electric Injury
☐ Toxic Exposure
☐ Abrasion (scrape)
☐ Contusion (bruise)
☐ Laceration (blunt force)

☐ Puncture
☐ Amputation
☐ Sharp Instrument
cutting edge
☐ gunshot wound

☐ Blunt Internal Injury
☐ Burn
☐ Other _____

TREATMENT AT SCENE

23. How long after wounding was emergency care received ? _____ minutes

24. Was the casualty able to walk on his own without assistance? ☐ Yes ☐ No

25. Emergency Care Provided (check all that apply)

- ☐ Evaluate/Monitor Only
- ☐ Bandage / Hemorrhage Control
- ☐ Tourniquet
- ☐ Splint (Extremity)
- ☐ Backboard / Spinal Immobilization
- ☐ Pain Medication
- ☐ Oxygen Administration
- ☐ Airway Adjunct (type) _____
- ☐ IV Fluids (type) _____
- ☐ Other _____

26. Level of Primary Care Provider

- ☐ Tactical EMT / Paramedic
- ☐ Law Enforcement Officer / Non EMT
- ☐ Tactical Team Member/ Non EMT
- ☐ Non-Law Enforcement EMT/Paramedic
- ☐ Nurse
- ☐ Physician
- ☐ None
- ☐ Other _____

27. Physiological Measurements

How long after wounding were these measurements obtained ? _____ minutes

Blood Pressure _____ / _____ mmHg

Respiratory Rate _____ / min

Pulse Rate _____ / min

28. Level of Consciousness – Verbal Response (select only one)

☐ Appropriate Words ☐ Inappropriate Words ☐ Incomprehensible Words ☐ None

DISPOSITION

29. Evacuation from Scene

- ☐ None
- ☐ Private Vehicle
- ☐ Police Vehicle
- ☐ Ambulance
- ☐ Other _____

30. Outcome

- ☐ Lived, Treated and Released
- ☐ Lived, Admitted to Hospital
- ☐ Died at Scene
- ☐ Died Enroute to Hospital

NARRATIVE

31. Description of Wounding Circumstances (continued on reverse if needed and diagram if helpful)