

Three Rivers Community College

EMERGENCY ACTION PLAN

**INCIDENT REPORT**

|  |      |       |               |   |  |                                      |                          |       |       |      |
|--|------|-------|---------------|---|--|--------------------------------------|--------------------------|-------|-------|------|
| NAME OF OFFICER  |      |       |               | SUPERVISOR ON DUTY                            |  |                                      | OTHER OFFICER(S) ON DUTY |       |       |      |
| CLASSIFICATION OF INCIDENT: PERSONAL INJURY___ FIRE ALARM___ PROPERTY DAMAGE___ BURGLARY___ VANDALISM___<br>ASSAULT___ DISTURBANCE___ UNSECURE AREA___ MVA___ TRESPASSING___ LARCENY___ OTHER___ |      |       |               |   |  |                                      |                          |       |       |      |
| DATE OF INCIDENT   |      | TIME  | LOCATION      |   |  |                                      |                          |       | APT.  |      |
| DATE INCIDENT REPORTED   |      |       | TIME          | HOW WAS INCIDENT REPORTED-PHONE, RADIO, Etc.? |  |                                      |                          |       |       |      |
| NAME OF PERSON WHO REPORTED INCIDENT   |      |       |               | ADDRESS                                       |  |                                      |                          | APT.  | PHONE |      |
|  |      |       |               |   | CLASSIFICATION: VICTIM #1, WITNESS #2, SUSPECT #3,<br>DRIVER #4, COMPLAINANT #5, OTHER #6. |                                      |                          |       |       |      |
| Name   |      | PHONE | D.O.B.<br>AGE | SEX   | RACE   | ADDRESS, DESCRIPTION, AND /OR S.S. # |                          |       | CLASS |      |
|  |      |       |               |   |  |                                      |                          |       |       |      |
|  |      |       |               |   |  |                                      |                          |       |       |      |
|  |      |       |               |   |  |                                      |                          |       |       |      |
|  |      |       |               |   |  |                                      |                          |       |       |      |
|  |      |       |               |   |  |                                      |                          |       |       |      |
|  |      |       |               |   |  |                                      |                          |       |       |      |
| VEHICLE INVOLVED: CLASSIFICATION: MVA #1, STOLEN #2, VANDALIZED #3, EQUIPMENT STOLEN #4, FIRE #5, OTHER #6   |      |       |               |   |  |                                      |                          |       |       |      |
| REG./STATE   | YEAR | MAKE  | COLOR         | OWNER   |  | ADDRESS                              |                          | PHONE | CLASS |      |
|  |      |       |               |   |  |                                      |                          |       |       |      |
|  |      |       |               |   |  |                                      |                          |       |       |      |
| POLICE NOTIFIED: YES ___ NO ___ NAME/BADGE #   |      |       |               |   |  |                                      |                          |       |       |      |
| FIRE DEPARTMENT and/or EMS NOTIFIED: YES ___ NO ___  |      |       |               |   |  |                                      |                          |       |       |      |
| AMBULANCE SERVICE RESPONDING: _____  |      |       |               |   |  |                                      |                          |       |       |      |
|  |      |       |               |   |  |                                      |                          | DATE  | TIME  |      |
| SECURITY SUPERVISOR NOTIFIED: YES ___ NO ___ NAME:   |      |       |               |   |  |                                      |                          |       |       |      |
| PROPERTY MGR. NOTIFIED: YES ___ NO ___ NAME:   |      |       |               |   |  |                                      |                          |       |       |      |
| OTHER PERSON(S) NOTIFIED: YES ___ NO ___ NAME:   |      |       |               |   |  |                                      |                          |       |       |      |
| NARRATIVE OF INCIDENT (continue on additional pages if necessary):   |      |       |               |   |  |                                      |                          |       |       |      |
|  |      |       |               |   |  |                                      |                          |       |       |      |
| SIGNATURE OF PERSON REPORTING  |      |       |               | DATE  | TIME   | SIGNATURE OF SUPERVISOR              |                          |       | DATE  | TIME |

Three Rivers Community College

EMERGENCY ACTION PLAN

**MEDICAL REPORT/WAIVER**

**PATIENT INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ (AM/PM)

Phone: \_\_\_\_\_ Location Found: \_\_\_\_\_

Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Age: \_\_\_\_\_ Ambulance Required? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHIEF COMPLAINT:**

\_\_\_\_\_  
\_\_\_\_\_

**PATIENT'S VITAL SIGNS:** Pulse: \_\_\_\_\_ B/P: \_\_\_\_\_

Temp: \_\_\_\_\_ Color: \_\_\_\_\_ Respiration: \_\_\_\_\_

**PATIENT'S MEDICAL HISTORY:**

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**KNOWN ALLERGIES:** \_\_\_\_\_

**CARE GIVEN:**

\_\_\_\_\_  
\_\_\_\_\_

**OTHER REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES OF RESPONDING EMT'S/WITNESS'S:** \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**REFUSAL OF TREATMENT BY THE PATIENT:** \_\_\_\_\_

I, \_\_\_\_\_, am at least 18 years old and of sound mind. I do not wish to be treated for my injuries/illness, or be assisted in anyway. I have been instructed to seek medical attention, but I do not wish to be assisted at this time, I am releasing Three Rivers Community College and the EMT's available from any liability that my result.

\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_  
Patient's Signature

\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_  
Witness (Staff)

\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_  
Witness