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|  |  | | |  | | | | **INCIDENT REPORT** | | | | | | | | | | | |  | |  | | | |  | |  | | |  | |
| **NAME OF OFFICER** | | | | | | | | | | | | | | **SUPERVISOR ON DUTY** | | | | | | | | | **OTHER OFFICER(S) ON DUTY** | | | | | | | | | | |
| **CLASSIFICATION OF INCIDENT: PERSONAL INJURY\_\_\_\_ FIRE ALARM PROPERTY DAMAGE BURGLARY VANDALISM .**  **ASSAULT DISTURBANCE UNSECURE AREA MVA TRESPASSIING LARCENY\_\_\_\_\_ OTHER\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE OF INCIDENT** | | | **TIME** | | | LOCATION | | | | | | | | | | | | | | | | | | | | | | | **APT.** | | | | |
| **DATE INCIDENT REPORTED** | | | | | | **TIME** | | | | | **HOW WAS INCIDENT REPORTED-PHONE, RADIO, Etc.?** | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF PERSON WHO REPORTED INDCIDENT** | | | | | | | | | | **ADDRESS** | | | | | | | | | | | **APT.** | | | **PHONE** | | | | | | | | | |
| **INFORMATION REGARDING PERSONS INVOLVED** | | | | | | | | | | | | | | | | CLASSIFICATION: VICTIM #1, WITNESS #2, SUSPECT #3,DRIVER #4, COMPLAINANT #5, OTHER #6. | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **PHONE** | | | | | | | **D.O.B. AGE** | | | **SEX** | | **RACE** | | **ADDRESS, DESCRIPTION, AND /OR S.S. #** | | | | | | | | | | | | | **CLASS** | |
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| **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** | |
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| **POLICE NOTIFIED: YES \_\_\_\_ NO \_\_\_\_\_ NAME/BADGE #** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FIRE DEPTARTMENT 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):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SIGNATURE OF PERSON REPORTING** | | | | | | | | | **DATE** | | | | **TIME** | | | **SIGNATURE OF SUPERVISOR** | | | | | | | | | | | **DATE** | | | **TIME** | | | |

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**OTHER REMARKS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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