



Emergency Medical Technician – Tactical
DATA COLLECTION SYSTEM CASUALTY REPORT FORM

Mail Form to:
USUHS / MIM / CCRC
4301 Jones Bridge Road
Bethesda, MD 20814-4799
Attn: Data Collection System

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
Law Enforcement Personnel
Tactical Team Member
Perpetrator
Third Party or Bystander
Tactical Medic

12. Weight _____ lbs
13. Height _____ inches
14. Sex Male Female

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 SystemicHead
Face
Eye
Neck
Chest
Back
AbdomenPelvis/Hip
Upper Leg
Lower Leg
Knee
Ankle
Foot
ShoulderUpper Arm
Elbow
Lower Arm
Wrist
Hand
Other _____

22. Injury Type

Fracture
Dislocation
Sprain / Strain
Heat / Dehydration
Cold InjuryElectric Injury
Toxic Exposure
Abrasion (scrape)
Contusion (bruise)
Laceration (blunt force)Puncture
Amputation
Sharp Instrument
cutting edge
gunshot woundBlunt Internal Injury
Burn
Other _____

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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)