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Save As Draft and Close   Submit and Close

Reporting Section

To Whom Does This Form Apply:
-- Select Option -- ▼

Call Number:

Incident Date/Time:

Incident Type: [?]
Select All That Apply
-- Select Option(s) --

Identify Source:
Select All That Apply
-- Select Option(s) --

Please specify other source:

Circumstances:
Select All That Apply
-- Select Option(s) --

Location of Incident:
Select All That Apply
-- Select all that apply --

At this time are you emotionally impacted as a result of the incident:
Yes | No | I'm Uncertain

Were you physically harmed as a result of the incident:
Yes | No

What happened? Please be specific and detailed.
Due to privacy concerns please do not include any of your own personal Medical Information

Was a hazard flag communicated by CACC:
Yes | No

Do you recommend the creation of a hazard flag for violent behavior:
Yes | No

Confirm criteria is met for creation of a hazard flag: [?]
Yes | No

Did police attend the call:
Yes | No

Did you request Police? :
Yes | No | N/A

Did you activate a 10-2000 :
Yes | No | N/A

Police badge number(s) :

Was Police Response Helpful:
Yes | No

Describe what they did:

Was a Superintendent involved at any time during or following call?
-- Select Option(s) --

Would you like a Superintendent to follow up with you about this incident:
Yes | No

Call Specifications

Service Name:
-- Select Option -- ▼

Call Date:

Vehicle Number:
-- Select Option -- ▼

UTM Code:

Dispatch Priority:
-- Select Option -- ▼

Return Priority:
-- Select Option -- ▼

Pickup Location:

Patient's Name:

Patient's Address:

Chief Complaint:

Dispatch Problem Code:
-- Select Option -- ▼

Primary Problem Code:
-- Select Option -- ▼

Interventions:
-- Select Option(s) --

Crew List:
-- Select Option(s) --

Report Creator:
-- Select Option -- ▼

Report Creator Role:
-- Select Option -- ▼

Call Received:	Crew Notified:	Crew Mobile:	Arrive Scene:	Depart Scene:
Arrive Destination:	**Date Report Completed:**	**Depart Destination:**		**Arrive Base:**

Opt-Out of Research

☐ I do not want this form used for research purposes [?]

Superintendent Review Section - Management Use Only

☐ Significant Incident [?]

Incident Entered in RAIDR:
Yes | No

Was a hazard flag created or extended for this call location:
For guidance, please refer to OHSA section 32.0.5
Yes | No [?]

If NO new hazard flag created or extended, why not?
Non-Residential | Flag Already Exists
Other

Please specify reason for not creating/extending hazard flag:

Notes
Ex. If Paramedic requested Superintendent follow up, please detail follow up plan.

Superintendent:
-- Select Option -- ▼

Superintendent will follow up:
Yes | No

☐ Follow Up/Completion pending:

Save As Draft and Close   Submit and Close