

Date

# BELL COUNTY RESCUE SQUAD, INC. SEARCH & RESCUE RUN REPORT



Dispatch Time <input type="text"/>	Scene Time <input type="text"/>	Canceled Time <input type="text"/>	Canceled By <input type="text"/>
En route Time <input type="text"/>	Ending Time <input type="text"/>	Total Hours <input type="text"/>	Weather <input type="text"/>

*Units responding*

Rescue 12   
  Rescue 14   
  Rescue 15   
  Rescue 16   
  Rescue 17   
  Rescue 18

*Incident*

<input type="checkbox"/> MVC/10-46 Response	<input type="checkbox"/> MVC/10-46 Extrication	<input type="checkbox"/> Mountain Rescue	<input type="checkbox"/> Search
<input type="checkbox"/> Dragging Operation	<input type="checkbox"/> Water Rescue	<input type="checkbox"/> Rope Rescue	<input type="checkbox"/> Collapse Rescue
<input type="checkbox"/> Aircraft Down	<input type="checkbox"/> Trench Rescue	<input type="checkbox"/> Confined Space Rescue	<input type="checkbox"/> Body Recovery
<input type="checkbox"/> Severe Weather	<input type="checkbox"/> Standby	<input type="checkbox"/> Autopsy Transport	<input type="checkbox"/> Medical

Other

Incident Location

*Victim/Patient*

Name  Age  Birth date

Address

City  State  Zip Code

*Members Responding to call*

(1) <input type="text"/>	(9) <input type="text"/>	(17) <input type="text"/>
(2) <input type="text"/>	(10) <input type="text"/>	(18) <input type="text"/>
(3) <input type="text"/>	(11) <input type="text"/>	(19) <input type="text"/>
(4) <input type="text"/>	(12) <input type="text"/>	(20) <input type="text"/>
(5) <input type="text"/>	(13) <input type="text"/>	(21) <input type="text"/>
(6) <input type="text"/>	(14) <input type="text"/>	(22) <input type="text"/>
(7) <input type="text"/>	(15) <input type="text"/>	(23) <input type="text"/>
(8) <input type="text"/>	(16) <input type="text"/>	(24) <input type="text"/>

*Agencies on Scene*

<input type="checkbox"/> BCEMS	<input type="checkbox"/> BCVFD	<input type="checkbox"/> BCSO	<input type="checkbox"/> PFD	<input type="checkbox"/> PPD	<input type="checkbox"/> MFD	<input type="checkbox"/> MPD	<input type="checkbox"/> FVFD
<input type="checkbox"/> CGTA	<input type="checkbox"/> CGNPS	<input type="checkbox"/> KSP	<input type="checkbox"/> KVE	<input type="checkbox"/> BCEM	<input type="checkbox"/> KYEM	<input type="checkbox"/> KDFWR	<input type="checkbox"/> OTHER

*Victims Removed from Vehicle by*

BCRS   
  BCVFD   
  FVFD   
  CGTA   
  EMS   
  OTHER

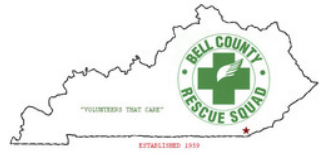
*Medical Care Provided by*

BCRS   
  BCEMS   
  MFD   
  CGTA   
  OTHER

EMERGENCY CALL   
 NON-EMERGENCY CALL   
 CALLED BY    
 REPORTED BY

Date

**BELL COUNTY RESCUE SQUAD, INC.**  
**SEARCH & RESCUE RUN REPORT**



*Narrative*

Signature