Date:_____

Allen Parish Fire District 3
Run Report

FDID 02025

Run #:_____

T.O.S.(page):_____Type of Call:_____

Mutual Aid: Given ☐ Received ☐
Agenc(ies):_____

Owner/Patient:_____

Address of Call:_____Phone:_____

Address of Patient:_____

Historian:_____ Address:_____ Phone:_____

Additional information such as insurance, and other pertinent items can be entered in the comments section or the reverse side of this form.

Unit	On Scene	Unit	On Scene	Unit	On Scene	Unit	On Scene
Rescue 1		Engine 3		Command 1		Brush Truck	
Tanker 1		Tanker 3		Service Truck		10-8:	10-97:
Engine 2		Engine 4		Ladder 1		10-98/8:	10-10:
Tanker 2		Tanker 4 (Lucy)		Rescue Boat		10-22:	By:

Officers	Scene	Firefighters	Scene	Firefighters	Scene	Firefighters	Scene	Firefighters	Scene
301—R. Young		Med2—J. Young		319—		349—P. Taylor Jr Capt.			
302—L. Kolb		308—H. Maddox		320—T. Otero		350—			
Med1—J. Thompson		309—		321—		351—B. Martin			
304—		310—E. Bass		322—		352—			
305—E. Marcantel		311—P. Ramos		323—		353—B. Seals			
306—M. Martin		312—W. Marcantel		324—S. Phillips		354—M. Burnett			
307—B. Chapman		313—		325—A. Bebee					
		314—		326—R. Simmons					
		315—A. Richard		327—R. Bebee					
		316—C. Bebee		328—C. Martin					
		317—		329—D. Wehner					
		318—B. Cooley							

Number of Injuries **Fire Service:**_____ **Other:**_____ **Number of Fatalities** **Fire Service:**_____ **Other:**_____

Complete for Structure Fires. ☐ **Detector Alerted** ☐ **Detector Did Not Alert** ☐ **Unknown**

Type of Structure: ☐ Wood Frame, ☐ Brick, ☐ Mobile, ☐ Barn, ☐ other—Describe_____ Number of Stories:_____

Estimated Origin of Fire:_____ Estimated Cause of Fire:_____

Name of Insurance Company:_____Phone Number (_____)_____-_____

Complete for Wildland Fire.

Estimated acreage:_____ Estimated Cause of Fire:_____ Was Forestry Called?_____

Complete for Vehicle Accident. Extrication Needed: ☐

Type of Vehicle(s) involved: Passenger Car ☐ Pick-Up Truck ☐ Motor Cycle ☐ Large Truck ☐ Other– Describe_____

Vehicle 1 Make:_____ Model:_____ Year:____ License St.___ License Number:_____ Vin._____

Insurance Company:_____Policy #:_____

Vehicle 2 Make:_____ Model:_____ Year:____ License St.___ License Number:_____ Vin._____

Insurance Company:_____Policy #:_____

Vehicle 3 Make:_____ Model:_____ Year:____ License St.___ License Number:_____ Vin._____

Insurance Company:_____Policy #:_____

Weather Conditions: Clear ☐ Fog ☐ Rain ☐ Light ☐ Dark ☐ Ice ☐ **Road Conditions:** Dry ☐ Wet ☐ Mud ☐ Gravel ☐

Contributing Factor:_____

_____

Officer in Charge:_____ **Report Filled by:**_____ **Headcount On Sce-**

Automatic or Mutual Aid

Unit	On Scene	Unit	On Scene	Unit	On Scene	Unit	On Scene

Officers	Scene	Firefighters	Scene	Firefighters	Scene	Firefighters	Scene	Firefighters	Scene

Narrative

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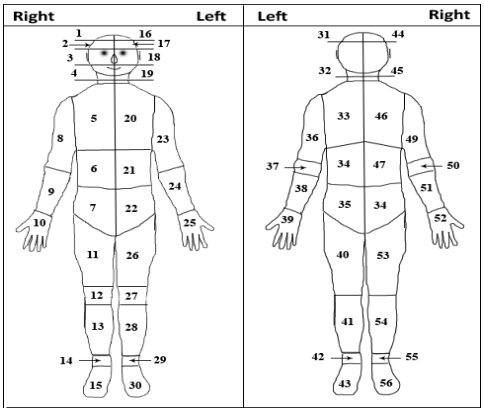
Complete for Medical. **Patient's Name**

Chief Complaint Symptoms:_____

Sex: Male Female DOB_____-_____-_____ Age:_____ Medical History:_____

Aid Rendered:_____

Suspected Illness	Probable Cause	Type of Injury	Injury Location
1-Heart Complication 2-Cardiac Arrest 3-Stroke/CVA 4-Infectious Disease 5-Convulsions/Seizures 6-Fainting 7-Diabetic Complications 8-OB/GYN 9-Respiratory Distress 10-Emotional/Mental Distress 11-Gastro-intestinal 12-Allergic Reaction 13-Other_____ _____	1-Vehicle 2-Bicycle 3-Overdose/Poison 4-Recreational 5-Gunshot 6-Stabbing 7-Assault 8-Fall 9-Possible ETOH 10-Animal 11-Illness 12-Other_____ _____	1-Burn 2-Fracture/Dislocation 3-Laceration/Penetration 4-Internal 5-Drowning/Suffocation/Choking 6-Drug Overdose 7-Acute Alcohol Intoxication (Possible) 8-Spine/Brain 9-Scrape/Bruise/Cut 10-Sprain/Strain Severity 1-Possible 2-Non-Incapac. 3-Incapac.	

Type Sev. Location Type Sev. Location Type Sev. Location

Aid Prior to Arrival: ☐ None ☐ CPR ☐ CPR/AED ☐ Other_____

Time:	B/P:	Pulse:	Resp:	PulseOx:
Time:	B/P:	Pulse:	Resp:	PulseOx:
Time:	B/P:	Pulse:	Resp:	PulseOx:
Time:	B/P:	Pulse:	Resp:	PulseOx:

Glasgow Coma Score

Best Motor Response	Best Verbal Response	Eye Opening	GCS Score Conversion
6- Obeys Commands	5- Oriented	4- Spontaneous	4- 13—15
5- Localizes Pain	4- Confused	3- To Voice	3- 9—12
4- Withdrawal	3- Inappropriate Words	2- To Pain	2- 6—8
3- Flexion (Decorticate Rigidity)	2- Incomprehensible Words	1- No Response	1- 4—5
2- Extension (Decerebrate Rigidity)	1- No Response		0- < 4
1- No Response			

Systolic BP		Respiratory Rate	
4-	> 89	4-	10—24
3-	70—89	3-	23—35
2-	50—69	2-	=>36
1-	1—49	1-	1—9
0-	0	0-	0