

**CODE 100**

TIME OF CALL: \_\_\_\_\_

CALLERS NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

CALL BACK # \_\_\_\_\_

TOWN REQUESTED: \_\_\_\_\_

# OF PATIENTS: \_\_\_\_\_ 2ND SHIP : YES / NO

RADIAL / DISTANCE: \_\_\_\_\_

GRID / SUBGRID: \_\_\_\_\_

LOC. WITHIN GRID: \_\_\_\_\_

LANDMARKS: \_\_\_\_\_

L.Z. LOC. / DESCRIP.: \_\_\_\_\_

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

**HAZ MAT: YES / NO, CHEMICAL TYPE** \_\_\_\_\_

GROUND CONTACT: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_

SYSTEM & CHANNEL \_\_\_\_\_ / \_\_\_\_\_

MECHANISM OF INJURY: \_\_\_\_\_

PROLONGED EXTRICATION: YES / NO

PATIENT INFO: MALE / FEMALE, AGE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TIME OF INJURY: \_\_\_\_\_

REFERRING AGENCY: \_\_\_\_\_

TIME OF ARRIVAL 1st RESPONDER: \_\_\_\_\_