

Reviewed By: _____

UNION CENTER FIRE CO., INC

Confidential Protected
Medical Information!

EMS RUN REPORT

Date: _____ Run #: _____ Address: _____

of Patients: _____ Patient 1: _____ DOB _____

Patient 2: _____ DOB _____

- Injury
- Illness

Dispatch Info: _____

Initial EMS Provider Level: 1st Aid/AED CFR EMT-B AEMT

CHECK MEMBER RESPONSE BELOW

TIMES:

_____ : _____ ALARM TIME
 _____ : _____ RESPONDING
 _____ : _____ ON SCENE
 _____ : _____ IN SERVICE
 _____ : _____ IN QUARTERS

No Response

ASSIST TO:

- Union Volunteer Emergency Squad
- Maine Emergency Squad
- None - Med Team Only
- Other: _____

UNITS:

- EMS 53
- Other: _____

CREW CHIEF IN CHARGE:

Additional:

- | | |
|---|---|
| <input type="checkbox"/> <u>Bealo, Bob</u> | <input type="checkbox"/> <u>Miga, Wes</u> |
| <input type="checkbox"/> <u>Bealo, Sheila</u> | <input type="checkbox"/> <u>Miga, Karen</u> |
| <input type="checkbox"/> <u>Belensky, Mark</u> | <input type="checkbox"/> <u>Moore, Tyler</u> |
| <input type="checkbox"/> <u>Dieffenbacher, Bill</u> | <input type="checkbox"/> <u>Phelan, Matt</u> |
| <input type="checkbox"/> <u>Drotar, Joe</u> | <input type="checkbox"/> <u>Roberts, Glenn</u> |
| <input type="checkbox"/> <u>Gazdik, Bill</u> | <input type="checkbox"/> <u>Serowik, Kathleen</u> |
| <input type="checkbox"/> <u>Graupman, Josh</u> | <input type="checkbox"/> <u>Serowik, Ray</u> |
| <input type="checkbox"/> <u>Green, Adrian</u> | <input type="checkbox"/> <u>Silvestri, Tony</u> |
| <input type="checkbox"/> <u>Gurley, Steve</u> | <input type="checkbox"/> <u>Sulger, Erin</u> |
| <input type="checkbox"/> <u>Haight, Brian</u> | <input type="checkbox"/> <u>Trzcinski, Frank</u> |
| <input type="checkbox"/> <u>Haight, Chris</u> | <input type="checkbox"/> <u>Urdanick, Marci</u> |
| <input type="checkbox"/> <u>Haight, Neal</u> | <input type="checkbox"/> <u>Urdanick, Marley</u> |
| <input type="checkbox"/> <u>Hardik, Jean</u> | <input type="checkbox"/> <u>VanKuren, John</u> |
| <input type="checkbox"/> <u>Henry, Mark</u> | <input type="checkbox"/> <u>Walter, Jim</u> |
| <input type="checkbox"/> <u>Hill, Dennis</u> | <input type="checkbox"/> <u>Welsh, Larry</u> |
| <input type="checkbox"/> <u>Hilmy, Hesham</u> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> <u>Hoyt, Chris</u> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> <u>Mann, Jack</u> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> <u>Mason, Mike</u> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> <u>Mason, Tom</u> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> <u>McManus, Ed</u> | <input type="checkbox"/> _____ |

Updated 5/10