



Injury – SAR REPORT RECORD

(CARRIED OUT OR REPORTED BY PHONE)

The Get Help Team needs to snap a photo of this card!

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This form contains information that is to be reported to Sheriff / SAR

Reporting Party: First _____ Last: _____

Relationship to subject(s): _____ Yrs. known: _____ Phone: _____

Organized Trip? Y N Org Name: CMC (Emergency no. 269-384-1056)

Incident Description / What Happened? _____

Patient Information Name: First _____ Last _____

Age _____ Gender: _____ Weight _____ lbs.

Emergency Contact Name _____ Relationship _____

Phone/address/email: _____

Incident Day/Time: Day _____ Time __:___ No. Sick/Injured: _____

Severity: Life Threatening Severe Moderate Low

Mobility: Immobilized Cannot walk Cannot walk long distance Can hike out

Treatment Given: _____

Location/Navigation: Trail/Trailhead/Park/Site/Coordinates/Elevation/Directions:

Terrain at Site: Open Treed Rocky High Angle

Return Route Flagged? Y N **Annotated Map Attached or Sent?** _____

Plan:

- Patient to remain on site? Y N
- Total # of people remaining at site? _____ Includes _____ children?
- Send Get Help Team
- Move to another site? (describe): _____
- Bivy Team activated?
- Attempt self-evacuation?

Resources on Site:

- Trip Leader Experience: High Moderate Low
- Medical Training on Site: High Moderate Low
- Able to spend the night safely? Y N _____

Communication:

- Cell (____) _____ - _____
 Reception: none weak strong
 Battery Status: low medium high
- Satellite Communicator/PLB** address/#: _____

Reception: none weak strong
 Battery Status: low medium high

- Radio?** Channel: _____
 Reception: none weak strong
 Battery Status: low medium high

- Other?** _____

Shelter: (e.g., bivy sacks/tarps/tents) _____

Signaling: mirror whistle bright tarp/fabric other

Food: _____ days' worth

Water: _____ days' worth **Safe access** to water source Y N

Warmth/Clothing: _____

Other? _____