

Date: ___ / ___ / ___ Time: _____

Provider: _____ Unit: _____

Edward EMS—Multiple Victim Incident Form

Incident Details: _____

Special Hazards: _____

School bus accident: School Administrator on scene, taking responsibility for students:

1) _____ _____ _____	2) _____ _____ _____
3) _____ _____ _____	4) _____ _____ _____
5) _____ _____ _____	6) _____ _____ _____
7) _____ _____ _____	8) _____ _____ _____
9) _____ _____ _____	10) _____ _____ _____

Please affix this form to original ECRN Log sheet for the incident. Place corresponding Log, ECRN, and MD numbers on this form as well.

Log# _____ ECRN# _____ MD# _____