EMERGENCY INCIDENT WITNESS STATEMENT

Involved parties and witnesses are requested to write a statement of facts and recollections as soon as possible after the event to assist with investigations.

Please add extra pages, diagrams, photographs as necessary.

Please describe data you may be able to download and provide later.

If possible, please provide this statement to on-scene Commander or investigator prior to leaving the scene.

Relevant Information may include Location, time, what seen, persons involved, aircraft involved, accident description, consequences, immediate actions, responses, decisions, follow-on actions, description of effects of actions, persons informed, immediate investigations, etc.

Diagrams may be added on reverse. Any electronic device data should be described and made available to investigators. NOTE: Investigators will pursue causal factors, sequence of events.

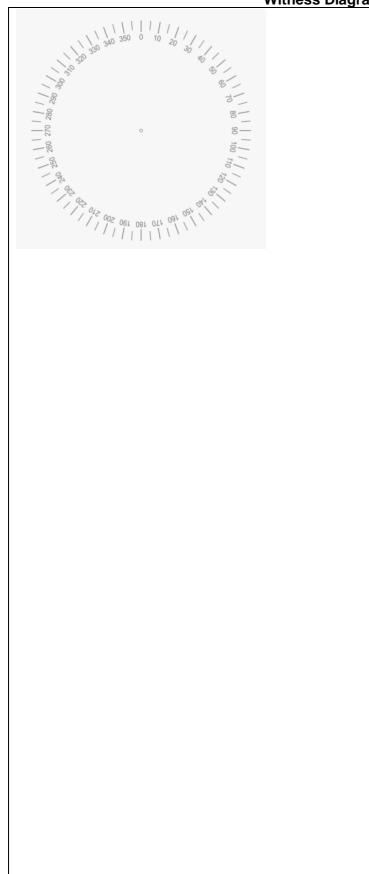
Your focus on facts and direct observations will be most useful.]

[Add additional text, maps and diagrams on reverse, or additional pages as necessary]

Witness Name	Witness Address	Witness Phone & Email

Date / Time

Witness Diagrams



MEDICAL TREATMENT WITNESS RECORD

It is important to document the information gathered about a casualty.

The information is passed on to medical crews to assist them in determining a trend.

The information should be passed on in a specific order as the same sequence is passed onto the triage nurse then onto the doctors.

- Name, age (in years), and sex of the casualty
- What is the presenting problem
- How did it happen? (mechanism)
- Where pattern of injury, location of pain
- Past medical history
- If they are on medication
- Any known allergies
- Time of their last meal

This can be remembered by the acronym AMPLE.

- Allergies
- Medication
- Past medical history
- Last meal
- Events

Levels of Pain

It is difficult to determine a casualty's level of pain as people have different pain thresholds. A system that is used extensively throughout the world is a numerical system. The casualty is asked to imagine a scale from Oto 10. Zero (O) being the least amount of pain and 10 being the greatest. The casualty is then asked to rate the pain that they are feeling, the level is recorded out of 10 e.g. 6/10.

Name:		Next of	Next of kin details:		DOB:	DOB:		
		F Frac	ture	1. Primary Survey Manage all life threatening conditi DRSABCD – control bleeds		eds		
) L Lace	L Laceration		Consider mechanisms of injury and spinal			
		A Abra			2. Oxygen Position Reassure Consider shock Oxygen on. Time of application if			
		Swel	lling	possible	possible Position for recovery – lateral if			
		Н Нае	H Haemorrhage		Reassurance/Tone of voice/AMPLE 3. Vital Signs Survey Time take			
		T Tend	derness	Pulse Respiration				
I IK M		C Cont	C Contusion 4.		Level of consciousness. AVPU 4. Secondary Survey Systematic head to toe examination for is indicated by the second secon			
		D Disl	D Dislocation three		njuries that weren't initially life hreatening but may become life hreatening			
			B Burn P Pain		5. Central Nervous System Assess vision (PEARL) and hearing Record neurological deficit (altered sensitivity to touch) assess coordination			
		P Pain						
Time	Pulse	Respiration	AVPU	O ₂ On	Stiffneck Fitted	Mechanism of Injury		
Aller								
Allergies:								
Medication:								
Past medical h								
Last meal/ate:								
Events leading up to:								
Signs (you can see):								
Symptoms (they can feel):								
Principles of extrication: 1. Maintain spinal alignment. 2. Minimal body twisting.								
Level of entrapment (by injuries or physically entrapped):								
Appliance/Na	Appliance/Name:			Date and Time:				