



MULTI-CASUALTY EVENT PATIENT TRANSPORTATION RECORD

DATE:

PAGE

PATIENT NUMBER	STATUS	FIELD TRIAGE # (Name if known)	AGE DOB	SEX	TYPE OF INJURIES		TRANSPORT Agency Unit #	DESTINATION TIME LEFT
	Immed. Delay. Minor	_____	_____	M F	Burns Fractures Blunt Trauma Cardiac	Penetrating Injuries C-Spine Laceration Other: _____		_____
	Immed. Delay. Minor	_____	_____	M F	Burns Fractures Blunt Trauma Cardiac	Penetrating Injuries C-Spine Laceration Other: _____		_____
	Immed. Delay. Minor	_____	_____	M F	Burns Fractures Blunt Trauma Cardiac	Penetrating Injuries C-Spine Laceration Other: _____		_____
	Immed. Delay. Minor	_____	_____	M F	Burns Fractures Blunt Trauma Cardiac	Penetrating Injuries C-Spine Laceration Other: _____		_____
	Immed. Delay. Minor	_____	_____	M F	Burns Fractures Blunt Trauma Cardiac	Penetrating Injuries C-Spine Laceration Other: _____		_____
	Immed. Delay. Minor	_____	_____	M F	Burns Fractures Blunt Trauma Cardiac	Penetrating Injuries C-Spine Laceration Other: _____		_____
	Immed. Delay. Minor	_____	_____	M F	Burns Fractures Blunt Trauma Cardiac	Penetrating Injuries C-Spine Laceration Other: _____		_____