



OCEAN CITY BEACH PATROL Accident / Injury Report Form

Incident # _____ - _____	
Reviewed By	
Area Sergeant _____	Captain _____
Logged in: _____	Data Entry: _____
Incident Code _____ - _____	

Date: ____ / ____ / ____ Time of Incident: ____: ____ Location: _____

Victim's Status (Check)	<input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious	<input type="checkbox"/> Alert <input type="checkbox"/> Inattentive	Breathing: <input type="checkbox"/> Normal <input type="checkbox"/> Labored			
	Pulse: <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Rapid	<input type="checkbox"/> Faint <input type="checkbox"/> Strong	Skin: <input type="checkbox"/> Normal	<input type="checkbox"/> Pale <input type="checkbox"/> Flushed	<input type="checkbox"/> Cool/Clammy <input type="checkbox"/> Hot/Dry	
Medical History / Allergies / or Medications						
Nature of Incident (Check all that apply)	<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Bone / Joint Injury	<input type="checkbox"/> Breathing Problem	<input type="checkbox"/> Employee Injury (1st Report Injury)	<input type="checkbox"/> Fish Hook	<input type="checkbox"/> Head Injury
	<input type="checkbox"/> Heart Problem	<input type="checkbox"/> Heat Related	<input type="checkbox"/> Laceration/ Cut	<input type="checkbox"/> Near Drowning / Exhausted Victim	<input type="checkbox"/> Neck / Back	<input type="checkbox"/> Seizure
	<input type="checkbox"/> Stroke	<input type="checkbox"/> Surfing Injury	<input type="checkbox"/> Umbrella Strike	<input type="checkbox"/> Unconscious Victim	<input type="checkbox"/> Unknown Illness	<input type="checkbox"/> Other
Additional Description of Incident: _____						

First person on the scene? _____ O.C.B.P. Personnel? **YES NO**

Additional O.C.B.P. Personnel on scene: _____, _____, _____

VICTIM'S INFORMATION

Last Name: _____ First: _____ M.I.: ____ Age: ____

Address: _____ Phone #: (____) _____ - _____ DOB ____/____/____

_____, _____ Sex: M F Race: W B H A Other

Guardian (If Victim is under Age 18) **Responsible Party** **Witness** Relationship to Victim: _____

Last Name: _____ First: _____ M.I.: ____ Age: ____

Address: _____ Phone #: (____) _____ - _____ DOB ____/____/____

_____, _____ Sex: M F Race: W B H A Other

DESCRIBE VICTIM'S INJURY AND CONDITION (Be as specific as possible)

WHAT ACTION WAS TAKEN? (Be as specific as possible)

Was the need for C.P.R. indicated? **YES NO** If YES, complete boxed information:

Who initiated CPR? _____
Who did ventilations? _____ Who did chest compressions? _____
Was an AED used? YES NO If YES---ID# _____ Was a shock indicated? YES NO If YES, how many times? _____
Who applied the AED leads? _____ Who operated the AED? _____

Were any of the following dispatched?

YES NO If YES, complete boxed information:

O.C.B.P. Officer	YES NO	O.C.B.P. VEHICLE	YES NO	Vehicle # _____, _____, _____	Vehicle Response Mode = Code	1	2	3
Was an O.C.B.P. Vehicle used to remove the victim from the beach?				YES NO	# _____			
E.M.S. / Ambulance	YES NO	U.S.C.G	YES NO	Waverunner (PWC)	YES NO			
Helicopter / MSP	YES NO	MD N.R.P.	YES NO	Pro-jet	YES NO			

Was the accident water related?

YES NO If YES, complete boxed information:

Surf Conditions =	Heavy	Rough	Choppy	Moderate	Calm	Flat
Was a Rip Current a contributing factor?		YES NO				
Was shore break a contributing factor?		YES NO	Was shallow diving a contributing factor?		YES NO	
Water Temperature: _____°		Wave Height: _____ft.				
Swimming ability of Victim:		Undetermined	Excellent	Average	Poor	Non-Swimmer
Activity of Victim at time of accident: _____						

Was Surf Rescue action necessary?

YES NO If YES, complete boxed information:

What method was used?	Rescue-buoy	Cross-chest	Paddleboard	Land-line
Who performed the rescue? _____				
Other Notes _____				

Was the O.C.B.P. Spinal-extraction technique used?

YES NO If YES, complete boxed information:

Identify those individuals at each position:	
Head: _____	Feet: _____
Waist: _____	Other: _____
Other Notes _____	

Final disposition of victim from the beach? **(Check all that apply)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Remained on Beach | <input type="checkbox"/> Left Beach (unassisted) | <input type="checkbox"/> Refused Treatment |
| <input type="checkbox"/> Transported by OCBP | <input type="checkbox"/> Transported by Ambulance | <input type="checkbox"/> Transported Self |
| | | <input type="checkbox"/> Transported by Medivac |

If transported, to what destination? _____

Were alcohol and/or drugs believed to be a contributing factor? **YES NO** Did victim give this information? **YES NO**

Are there any other notes you wish to include for personal reference?

First Report of employee Injury or Illness completed?	YES NO	
Were any voluntary witness statements completed?	YES NO	How many? _____
Are there any other reports for this incident on file?	YES NO	
List other related incident numbers: _____, _____, _____		

Report Filed By: **(Print Name)** _____ Date Filed: _____ / _____ / _____

Signature: _____