



Multi-Casualty Incident Patient Tracking Form

Date: _____ Incident Name: _____ Location: _____ Med Com: _____

	Tag #	Destination	Category (I, D, M, X)	Chief Complaint	Transport Unit/Agency	Transport Method	Age / DOB	Sex	Time Left Scene	Notes
1	5078	QVMC	I	ALOC	AMR M-53	Ground	33	M	16:14	
2										
3										
4										
5										
6										
7										
8										
9										

MULTI-CASUALTY INCIDENT PATIENT TRACKING FORM

	Tag #	Destination	Category (I, D, M, X)	Chief Complaint	Transport Unit/Agency	Transport Method	Age / DOB	Sex	Time Left Scene	Notes
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										