

FDNY ON-SITE TRIAGE / TRACKING FORM



DATE 5/8/10	CAD#	FDNY BOX# 9014	INCIDENT LOCATION S.I. Ferry	BOROUGH S.I.	TRACKING OFFICER/SHIELD# LT. V. Wella	TRACKING OFFICER SIGNATURE <i>[Signature]</i>	PHYSICIAN NAME/ID# Dr. Gonzalez 5/1
INCIDENT TYPE/DESCRIPTION Maritime / Ferry Crash							
01	G 348714	LAST Tellefsen	FIRST Danyelle	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input checked="" type="checkbox"/> Extremities <input type="checkbox"/> Neuro	(2) Arm Wrist Elbow pain	Dispo 93 Hosp
02	B R Y <input checked="" type="checkbox"/>	LAST Farley	FIRST DAVID	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro		Dispo 82 Hosp 60 MTA 436
03	B R Y <input checked="" type="checkbox"/>	LAST Desilva	FIRST Prryani	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro		Dispo Hosp MTA
-4	B R Y <input checked="" type="checkbox"/>	LAST Calderon	FIRST Fabel	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro		Dispo Hosp MTA
-5	B R Y <input checked="" type="checkbox"/>	LAST Calderon	FIRST Lizabel	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro		Dispo Hosp MTA
-6	B R <input checked="" type="checkbox"/> G	LAST Calderon	FIRST Karen	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro		Dispo Hosp MTA
-7	B R Y <input checked="" type="checkbox"/>	LAST Calderon	FIRST Karen	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro		Dispo Hosp MTA
-8	B R Y <input checked="" type="checkbox"/>	LAST Bruno	FIRST Jean	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro		Dispo Hosp MTA
-9	B R Y <input checked="" type="checkbox"/>	LAST Finnegan	FIRST Edward	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro		Dispo Hosp MTA
L0	B R Y <input checked="" type="checkbox"/>	LAST Wu	FIRST Luddy	CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro		Dispo Hosp MTA

TOTALS: # TOTAL PATIENTS _____ # TRANSPORTS _____ # RMA _____ # O/S TRIAGE _____ # FDNY _____ # EMS _____ # POLICE _____ # TAGS: B ___ R ___ Y ___ G ___

EMERGENCY MEDICAL DISPATCH (EMD): (718) 422-7397 FAX: (718) 999-0497
 FIRE DEPARTMENT OPERATIONS CENTER (FDOC): (718) 999-7911 FAX: (718) 999-1486

FAX CONFIRMATION: RECEIVED BY: _____ DATE: _____ TIME: _____

Green Sector

FDNY ON-SITE TRIAGE / TRACKING FORM



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INCIDENT TYPE/DESCRIPTION							
1	6327144	LAST Taylor	FIRST Nakia			436 (MTA BUS)	Hosp 60 Dispo
2	H149125	LAST Roman	FIRST Brynn Ryan			436 (MTA BUS)	Hosp 60 Dispo
3	6730898	LAST Vidomd	FIRST ARI			436 (MTA BUS)	Hosp 60 Dispo
4	H1491286	LAST Piette	FIRST Nedgie			436 (MTA BUS)	Hosp 60 Dispo
5	6348719	LAST Choudhury	FIRST Reena			436 (MTA BUS)	Hosp 60 Dispo
6	6327149	LAST Nallasegaram	FIRST Nadun			436 (MTA BUS)	Hosp 60 Dispo
7	H1491285	LAST Sundarelingam	FIRST Amuthini	Female. TIA		436 (MTA BUS)	Hosp 60 Dispo
8	6348714	LAST Khatun	FIRST MAHFUZA			436 (MTA BUS)	Hosp 60 Dispo
9	H1988399	LAST Martinez	FIRST Alexandra			436 (MTA BUS)	Hosp 60 Dispo
20	H1988376	LAST Maxfield	FIRST Bruce			436 (MTA BUS)	Hosp 60 Dispo

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INCIDENT TYPE/DESCRIPTION Maritime / S.I. Ferry Crash						PHYSICIAN NAME / ID #
						Dispo 82
21	B R <input checked="" type="checkbox"/> G	LAST Young FIRST Lee		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21A Hoop 62
22	B R <input checked="" type="checkbox"/> G	LAST Cauveaier FIRST Ruben		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21A Hoop 62
23	B R <input checked="" type="checkbox"/> G	LAST Herman FIRST Mark		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21B Hoop 62
24	G 327126 B R <input checked="" type="checkbox"/> G	LAST Surrello FIRST Kevin		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21B Hoop 62
25	B R <input checked="" type="checkbox"/> G	LAST Colon FIRST Roberto		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21B Hoop 62
26	B R <input checked="" type="checkbox"/> G	LAST Debagule FIRST Philip		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21B Hoop 62
27	B R <input checked="" type="checkbox"/> G	LAST Mentor FIRST Sonya		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21B Hoop 62
28	B R <input checked="" type="checkbox"/> G	LAST Medina FIRST Eva		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21B Hoop 62
29	B R <input checked="" type="checkbox"/> G	LAST Phallseo FIRST Sulvia		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21B Hoop 62
20	B R <input checked="" type="checkbox"/> G	LAST Johnson FIRST Toni		CIV	<input type="checkbox"/> HEENT <input type="checkbox"/> Neck/Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abd/Pelv <input type="checkbox"/> Extremities <input type="checkbox"/> Neuro	21B Hoop 62

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INCIDENT TYPE/DESCRIPTION MARITIME									
31	H1991305	LAST (unknown)	FIRST (unknown)					95B	Dispo 82 Hoop 60
	B	X	Y	G					
32		LAST Harris	FIRST Eleanor					95B	Dispo 82 Hoop 60
	B	R	X	G					
33		LAST Ross	FIRST					21X	Dispo 82 Hoop 60
	B	R	X	G					
34		LAST Rassi	FIRST Anthony <i>MWS</i>					21X	Dispo 82 Hoop 60
	B	R	X	G					
35		LAST Martinsen	FIRST Mike <i>MWS</i>					21X	Dispo 82 Hoop 60
	B	R	X	G					
-6		LAST	FIRST						Dispo Hoop
	B	R	Y	G					
-7		LAST	FIRST						Dispo Hoop
	B	R	Y	G					
-8		LAST	FIRST						Dispo Hoop
	B	R	Y	G					
-9		LAST	FIRST						Dispo Hoop
	B	R	Y	G					
-0		LAST	FIRST						Dispo Hoop
	B	R	Y	G					

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