

HICS 259 – CASUALTY/FATALITY REPORT

1. INCIDENT NAME	2. DATE	3. TIME	4. OPERATIONAL PERIOD DATE/TIME
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5. NUMBER OF CASUALTIES/FATALITIES

	Adult	Pediatric (<i><18 years old</i>)	Total	Comments
Patients seen				
Waiting to be seen				
Admitted				
<i>Critical care bed</i>				
<i>Medical/surgical bed</i>				
<i>Pediatric bed</i>				
Discharged				
Transferred				
Expired				

6. PREPARED BY (Patient Tracking Manager):	7. FACILITY NAME
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