KCCRT RESPONSE REPORT - CONFIDENTIAL

☐ NEW ☐ CONTINUED

INCIDENT #:

DATE OF CALL:

REGION:

COUNTY

AGENCY:

NAME: TITLE:

ML/ADDRESS: CITY: ZIP:

PHONE:

POC NAME: POC PHONE:

TYPE OF INCIDENT: ☐ CRITICAL INCIDENT ☐ DISASTER

☐ INJURY: ☐ MVA ☐ FIRE ☐ MULTI-INJURY ☐ OTHER :

☐ DEATH: ☐ MVA ☐ FIRE ☐ MULTI-FATALITY ☐ LODD ☐ SUICIDE ☐ HOMICIDE ☐ OTHER:

NARRATIVE:

RESPONSE SERVICE 1 - TYPE OF INTERVENTION: CONSULT ☐ ASSESS ☐ ONE/ONE ☐ IB ☐ ISGS ☐ PEGS ☐ RITS ☐ F/UP ☐

DATE: TIME: LOCATION: LENGTH:

NUMBERS: ☐ BUS/IND ☐ COMM ☐ CORONER ☐ DISP ☐ EM ☐ EMS ☐ FAMILY ☐ FIRE ☐ LEO ☐ MED ☐ SAR ☐ SCH ☐ SS

KCCRB STAFF/COOR: STRIKE TEAM LEADER:

1		Y	N	VM	TM		Y	N	VM	TM
	TM1:	☐	☐	☐	☐	TM5:	☐	☐	☐	☐
	TM2:	☐	☐	☐	☐	TM6:	☐	☐	☐	☐
	TM3:	☐	☐	☐	☐	TM7:	☐	☐	☐	☐
	TM4:	☐	☐	☐	☐	TM8:	☐	☐	☐	☐

Revised Sept. 1 2015

RESPONSE SERVICE 2 - TYPE OF INTERVENTION: CONSULT ☐ ASSESS ☐ ONE/ONE ☐ IB ☐ ISGS ☐ PEGS ☐ RITS ☐ F/UP ☐

DATE: _____ TIME: _____ LOCATION: _____ LENGTH: _____

NUMBERS: ☐ BUS/IND ☐ COMM ☐ CORONER ☐ DISP ☐ EM ☐ EMS ☐ FAMILY ☐ FIRE ☐ LEO ☐ MED ☐ SAR ☐ SCH ☐ SS

KCCRB STAFF/COOR: _____ STRIKE TEAM LEADER: _____

2

		Y	N	VM	TM			Y	N	VM	TM
TM1:		☐	☐	☐	☐	TM5:		☐	☐	☐	☐
TM2:		☐	☐	☐	☐	TM6:		☐	☐	☐	☐
TM3:		☐	☐	☐	☐	TM7:		☐	☐	☐	☐
TM4:		☐	☐	☐	☐	TM8:		☐	☐	☐	☐

RESPONSE SERVICE 3 - TYPE OF INTERVENTION: CONSULT ☐ ASSESS ☐ ONE/ONE ☐ IB ☐ ISGS ☐ PEGS ☐ RITS ☐ F/UP ☐

DATE: _____ TIME: _____ LOCATION: _____ LENGTH: _____

NUMBERS: ☐ BUS/IND ☐ COMM ☐ CORONER ☐ DISP ☐ EM ☐ EMS ☐ FAMILY ☐ FIRE ☐ LEO ☐ MED ☐ SAR ☐ SCH ☐ SS

KCCRB STAFF/COOR: _____ STRIKE TEAM LEADER: _____

3

		Y	N	VM	TM			Y	N	VM	TM
TM1:		☐	☐	☐	☐	TM5:		☐	☐	☐	☐
TM2:		☐	☐	☐	☐	TM6:		☐	☐	☐	☐
TM3:		☐	☐	☐	☐	TM7:		☐	☐	☐	☐
TM4:		☐	☐	☐	☐	TM8:		☐	☐	☐	☐

NOTES:

STRIKE TEAM LEADER - REMEMBER TO COMPLETE POST ACTION TEAM SUPPORT (PATS)

STL/RC:			
	☐ REPORT TEAM STOOD DOWN	☐ COMPLETE REPORT	
	☐ ASSIGN FOLLOW-UP	☐ COMPLETE & REPORT F/UP	

STAFF:		
	☐ STAFF NOTIFIED DUTY OFFICER	☐ ENTERED IN DATABASE
	☐ DIRECTOR NOTIFIED	☐ SATISFACTION SURVEY SENT

RESPONSE SERVICE - TYPE OF INTERVENTION: CONSULT ☐ ASSESS ☐ ONE/ONE ☐ IB ☐ ISGS ☐ PEGS ☐ RITS ☐ F/UP ☐

DATE: _____ TIME: _____ LOCATION: _____ LENGTH: _____

NUMBERS: ☐ BUS/IND ☐ COMM ☐ CORONER ☐ DISP ☐ EM ☐ EMS ☐ FAMILY ☐ FIRE ☐ LEO ☐ MED ☐ SAR ☐ SCH ☐ SS

KCCRB STAFF/COOR: _____ STRIKE TEAM LEADER: _____

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		Y	N	VM	TM			Y	N	VM	TM
TM1:		☐	☐	☐	☐	TM5:		☐	☐	☐	☐
TM2:		☐	☐	☐	☐	TM6:		☐	☐	☐	☐
TM3:		☐	☐	☐	☐	TM7:		☐	☐	☐	☐
TM4:		☐	☐	☐	☐	TM8:		☐	☐	☐	☐

RESPONSE SERVICE - TYPE OF INTERVENTION: CONSULT ☐ ASSESS ☐ ONE/ONE ☐ IB ☐ ISGS ☐ PEGS ☐ RITS ☐ F/UP ☐

DATE: _____ TIME: _____ LOCATION: _____ LENGTH: _____

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KCCRB STAFF/COOR: _____ STRIKE TEAM LEADER: _____

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		Y	N	VM	TM			Y	N	VM	TM
TM1:		☐	☐	☐	☐	TM5:		☐	☐	☐	☐
TM2:		☐	☐	☐	☐	TM6:		☐	☐	☐	☐
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TM4:		☐	☐	☐	☐	TM8:		☐	☐	☐	☐

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KCCRB STAFF/COOR: _____ STRIKE TEAM LEADER: _____

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TM1:		☐	☐	☐	☐	TM5:		☐	☐	☐	☐
TM2:		☐	☐	☐	☐	TM6:		☐	☐	☐	☐
TM3:		☐	☐	☐	☐	TM7:		☐	☐	☐	☐
TM4:		☐	☐	☐	☐	TM8:		☐	☐	☐	☐

SUPPLEMENTAL REPORT PAGE

INCIDENT #:

REPORT DATE:

DATE OF CALL:

AGENCY SERVED:

REGION:

COMPLETED BY:

NARRATIVE:

RESPONSE SERVICE KEY:

Consultation
Assessment
One-on-One
(IB) Informational Briefing
(ISGS) Immediate Small Group Support - Defusing
(PEGS) Powerful Event Group Support - Debriefing
(RITS) Rest, Information, Transition Session - Demobilization
(PATS) Post Action Team Support

NUMBERS KEY:

Business/Industry
Community
Coroner
Dispatch
Emergency Management
EMS (includes EMT/Para)
Family Support
Fire
LEO=Law Enforcement Officer
Medical
Search & Rescus
School
Social Services

Y = YES

N = NO

VM = Voice Message

TM = Text Message