



# Cabell County EMS Specialty Transport Report



**CR #** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHH TXP #** \_\_\_\_\_ **VEHICLE #** \_\_\_\_\_ **SQUAD #** \_\_\_\_\_

**CALL ORIGIN** \_\_\_\_\_ **CALL TYPE** \_\_\_\_\_ **CALL DESTINATION** \_\_\_\_\_

**Times**

Rec. \_\_\_\_\_

Disp. \_\_\_\_\_

Enroute \_\_\_\_\_

On-Scene \_\_\_\_\_

At Pat. \_\_\_\_\_

Left Scene \_\_\_\_\_

At Dest. \_\_\_\_\_

Clear \_\_\_\_\_

NICU

PICU

L&D

CCT

OTHER

**FLIGHT SERVICE** YES

NO

**TAIL #** \_\_\_\_\_

**MILEAGE** Beginning \_\_\_\_\_

Ending \_\_\_\_\_

**CREW** \_\_\_\_\_ Driver

\_\_\_\_\_ Provider

\_\_\_\_\_ Provider

\_\_\_\_\_ Nurse

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_