State Road Crash Rescue Arrangements Victoria 2023

Report of extrication of patient by non RCR Principal Provider

Agency	CFA		FRV		VICSES	Independent
Provider Name:						
Provider Status:		Principal Provider:		Support Provider:		
Incident Location:						
Incident Date & time:						
Incident Reference Number:						
Incident Description	on.					
Incident Description						
Provide description of incident (number of vehicles, patients, hazards etc)						
Configuration of vehicle involved		Car o	n: Wheels:		Side:	Roof:



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OFFICIAL

Extrication Requirements						
Approved RCR Principal I	Yes	No				
Safe to undertake extricat	Yes	No				
RCR Support capabilities management, gain acce	Yes	No				
Assessment of risk to pati	Yes	No				
Health Commander or Am a time critical patient sit Critical Guidelines) which	Yes	No				
RCR Support, or non provextreme non medical rist	Yes	No				
Provide description of extrication actions taken:						
(eg. Patient requirements, rescue evolutions/techniques utilised)						

This report is to be submitted to the parent agency to ensure the agencies annual reporting includes these actions within its annual report.

Report Submitted by:			
Signature			
Name			
Position			
Agency			
Contact Details			
Date copy supplied to usual principal provider agency:			

