



**SREMS  
COUNCIL**

**Susquehanna Regional EMS Council, Inc.**

Guthrie Lourdes Tower ▪ 169 Riverside Drive  
Binghamton, NY 13905  
Phone 607.216.9299 ▪ Fax 607.216.9990

**PUBLIC ACCESS DEFIBRILLATION CASE REPORT**

Name of PAD Agency: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  AM  PM

Location (Address) of Incident: \_\_\_\_\_

\_\_\_\_\_

Location within Building/Facility: \_\_\_\_\_

Victim Information: Age: \_\_\_\_\_ Sex: \_\_\_\_\_

AED Operator:  Member/Employee  Licensed/Certified Healthcare Provider  Layperson

Name of Ambulance Service Transporting Victim: \_\_\_\_\_

Patient Response to AED Treatment:

Unknown  Continued cardiac arrest  Victim became responsive  Victim Deceased

Spontaneous return of pulse  Spontaneous return of pulse and respirations

Hospital Patient was Transported to: \_\_\_\_\_

Minutes from Collapse to CPR \_\_\_\_\_ Minutes to Shock \_\_\_\_\_ # of Shocks \_\_\_\_\_

Brief Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Report Completed By (Name) Title Date/Time

Fax completed report to (607) 216-9990, or mail to address above.