

Martinsburg Little League AED Event Report

Location: Martinsburg Little League Oatesdale Park

League Safety Officer: Tim Hardison **Phone:** 703-431-7775 **E-mail:** thardison@natca.net

Device Manufacturer Model: Philips FRx Defibrillator

Victims Name: _____ **Sex:** M or F (circle one)

Age: _____ **Phone Number:** _____

Time of Injury: _____ **Date:** _____

Location injury occurred (On ball field, in stands etc.) _____

How did injury occur? (Hit by baseball, fall, collapsed etc.)

AED Responder: _____

Was Victim Conscious? _____ **Was Victim Breathing?** _____

Was CPR Performed? _____ **Was AED Applied?** _____

Was Shock Advised? _____ **Number of times Shocked:** _____

Did EMS Respond? _____ **Was Victim Transported to Hospital?** _____

Additional Information/Comments: _____

Report Completed By: _____