

FAMILY AND LOVED ONES REUNIFICATION PROCESS



John Corfield
Emergency Management Coordinator

Paper-Based **Friends & Loved Ones** Reunification Process

This paper-based reunification process uses a hierarchical filing system designed to quickly organize and narrow potential patient matches during a mass-casualty incident. Each facility maintains two master folders:

- Male
- Female

Each folder is organized into five age categories:

- Infant
- Child
- Teen
- Adult
- Senior

Each age category is further divided into seven ethnicity categories:

- American Indian
- Asian
- Black
- Hispanic
- Indian
- Pacific Islander
- White

These categories are then subdivided into nine hair-color categories:

- Auburn
- Bald
- Black
- Blonde
- Brown
- Gray / Salt & Pepper
- Red
- White
- Dyed / Other

Patient Intake

As patients arrive at the Emergency Department, designated staff members are stationed at the entrance to document basic identifying information using the Mass Casualty Patient Tracking Form. The PDF form can be configured with a unique identification number when printed and captures:

- Date and time of arrival
- Gender
- Approximate age
- Ethnicity
- Hair color
- Physical identifiers - scars, tattoos, piercings, etc.
- Clothing description

The information is based on visible characteristics only and doesn't require input from clinical staff. Once the form is complete, the staff member returns to the ED entrance to document the next arriving patient.

Approximately every 15 minutes, a runner collects the completed forms and delivers them to the Reunification administrative area for processing and filing.

Loved Ones:

Individuals seeking information about a missing or potentially hospitalized loved one complete a Reunification Information Form. A staff member completes the summary section at the top of the form and uses that information to identify the most appropriate location within the master filing system. For example, the following person:

27-year-old → White → Female → Blonde hair → Blue eyes → Tattoo ♥EC♥JC♥

would be filed under:

Female → Adult → White → Blonde

Rapid Matching:

The multi-level filing structure, as shown overleaf, allows staff to progressively narrow the pool of potential matches using readily identifiable characteristics:

Gender → Age → Ethnicity → Hair Color → Additional Identifiers

Staff can then review secondary identifiers, such as eye color, scars, tattoos, piercings, and clothing, to identify potential matches.

This does not replace secondary verification or Next of Kin confirmation. Instead, it provides a simple, low-technology method for rapidly reducing the number of records that must be reviewed, allowing staff to focus their attention on the most likely matches.

If you use it, please credit this family reunification process to John Corfield and Tanner Health. If you identify opportunities for improvement, I encourage you to share them with me via LinkedIn (click on the logo below) so the process can be updated and strengthened for others. You'll be credited for any contributions or amendments you suggest that get applied.

Thank you,



John Corfield
Emergency Management Coordinator



MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: _____ MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER:

☐ Male ☐ Female ☐ Unknown

APPROX AGE:

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13–18 ☐ Adult: 18–65 ☐ Senior: 65+

ETHNICITY:

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR:

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): _____

☐ Scars: _____

☐ Piercings: _____

☐ Glasses ☐ Beard ☐ Mustache

Clothing Description: _____

Jewelry Description: _____

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Last Name Suffix First Name Middle Name Maiden Name

Gender DOB (MM/DD/YYYY) Race Age/Age Range SSN/ID#

Street Address Apt # City State Zip/Post Code

County Country Birth City Birth State & Country

Citizenship Religious Preference Also Known As/Alias

Email Address Home Tel Cell Tel Cell Provider

Complexion: ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino

General Build: ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy

Height/Height Range: _____ Ft/ins / cms **Weight/Weight Range:** _____ Lbs. / kilos

Hair Color ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____

Hair Length ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____

Facial Hair ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip
☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____

Eyes ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____
☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses
☐ Corneal Implant ☐ None

Fingernails ☐ Natural ☐ Artificial ☐ Unknown Color: _____ Design: _____ Jewelry: _____
☐ Extremely Long ☐ Long ☐ Medium ☐ Short

Physical Identifiers ☐ Dental Braces ☐ Birthmark: _____ ☐ Mole: _____
☐ Piercing: _____
☐ Tattoo: _____
☐ Medical Device: _____
☐ Scars: _____

Employment: ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: _____

Usual Occupation/Title: _____

Employer: _____ Employer Phone #: _____

Employer Address: _____ Country: _____

Family "Safe" Word: _____ Favorite Teacher: _____ School Grade/Year: _____

Favorite Toy: _____ Name of School: _____ Town/City: _____

Travelling with: ☐ Alone ☐ Group Group Type: _____ Group Name: _____
Date last seen: _____ Last seen by: _____ Relationship to person: _____
Last seen where (town/city): _____ Time last seen: _____ AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: _____ Other: _____
Twitter: ☐ Yes ☐ No Profile Name: _____ Profile Name: _____
Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown
YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____
LinkedIn: ☐ Yes ☐ No Profile Name: _____
Instagram: ☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other: _____

Surgery: ☐ Yes ☐ No ☐ Unknown ☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy ☐ Laparotomy ☐ Caesarean ☐ Mastectomy ☐ Reconstructive ☐ Open Heart ☐ Other: _____
Prosthetic: ☐ Yes ☐ No ☐ Unknown Location: _____

Old Fractures: ☐ Yes ☐ No Description: _____

Clothing:

Item	Color / Pattern	Description	Size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: _____ Make: _____ Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: _____ Band Color: _____ Face Color: _____ Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription: _____
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown

Jewelry 1	Material Color	Stone Color	Size	Where Worn?
_____	_____	_____	_____	_____
Inscription: _____	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
_____	_____	_____	_____	_____
Inscription: _____	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3 Material Color Stone Color Size Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin:

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name Suffix First Name Middle Name Maiden Name

Wedding Date Wedding Location (Country)

Email Address Home Tel Cell Tel

Parents:

Father: ☐ Living ☐ Deceased ☐ Unknown

Last Name First Name Middle Name

Email Address Home Tel Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Last Name First Name Middle Name

Email Address Home Tel Cell Tel

Reporting Person:

Last Name Suffix First Name Middle Name

Street Address Apt # City State/Country Zip/Post Code

Email Address Home Tel Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other:

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN:

Checked By: Employee ID:

Date/Time Checked: Verified by:

Cross-Check Information:

This patient's name is

They are years old

They are

They were born in

They are a citizen

They are

Their significant other is

They live at

They were reported missing by their ,

Their father is

Their mother is

They are

They're wearing

They have:

Scars -

Tattoos -

Piercings -

Loved One/Next of Kin Prompt

You're the _____ of _____ .

You last saw them on _____ at _____ at _____ .

You think they were wearing a _____ , but you're not sure.

If asked, their general build is _____ and complexion is _____ .

Their height is about _____ ft _____ in and weight around _____ lbs.

Their hair is _____ and _____ .

If asked, as best you can recall they have:

Scars -

Tattoos -

Piercings -

Birthmarks -

Moles -

If asked, your contact information is:

You live at _____ .

Home Tel:

Cell Tel:

CONTAMINATED

Property No.

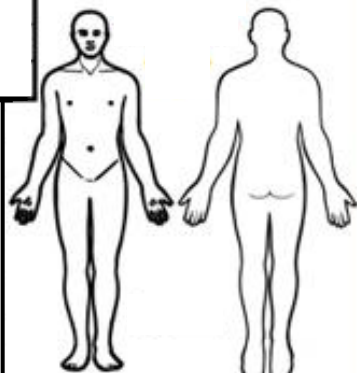
Destination

**TRIAGE
TAG**



S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

- ☐ Burns
- ☐ Cardiac
- ☐ Crush
- ☐ Fracture
- ☐ Laceration
- ☐ Penetrating
- ☐ Spinal
- ☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Chief Complaint

Clothing:

Player Instructions

Your name is:

You are years old.

You are wearing:

Breathing:

Circulation:

Mental Status:

Level of Consciousness:

Mobility:

Acting Instructions:

Reunification Training Patient Records

Below are thirty-seven patient records for reunification training. Each record is unique and consists of seven pages, plus a blank separator page:

Triage Tag (one-sided page) - The triage tag contains a unique identification number that can be linked to the electronic health record. The tag should be folded in half, as player instructions are printed on the reverse side. The tags follow the SALT triage algorithm.

Loved One / Next of Kin Prompt (one-sided page) - This form is used by a player attempting to locate the patient and contains information known to the patient's loved ones.

Mass Casualty Patient Tracking Card (double-sided page) - This card contains a unique number that matches the number on the triage tag, helping facilitators track patients throughout the exercise. Information on the reverse side can be used to verify that staff have matched the correct patient to the correct loved one.

Reunification Information Form (two double-sided pages) - This form is pre-completed with information provided by the patient's loved one or next of kin. The details correspond with information contained throughout the patient's record and can be used to support the reunification process.

Cross-Referencing Information

Patient information is cross-referenced throughout their record. For example:

- Patient Erin Cary's triage tag indicates the clothing she was wearing at the time EMS transported her.
- Erin's Mass Casualty Patient Tracking Card, completed upon arrival at the ED, lists her identifiers, as well as her clothing, jewelry, tattoos, scars, and piercings.
- The Reunification Information Form, completed by Erin's loved one or next of kin, list the same identifying characteristics as well as a lot of additional information.
- Erin's loved one or next of kin *may* have additional identifying information available, but staff will have to ask the right questions.

CONTAMINATED

Property Receipt

T0001

Destination

T0001

TRIAGE TAG

T0001

S☐
L☐
U☐
D☐
G☐
E☐
M☐

Age: 8

☐ Trauma

☐ Burn

☐ Cardiac

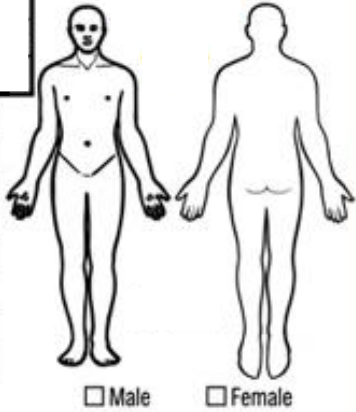
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	138/92	108	22

Chief Complaint

Arm amputation

Immediate

Clothing:
Blue soccer jersey, black athletic shorts, white sneakers

T0001

Player Instructions

Your name is:
Ethan Walker

You're wearing:
Blue soccer jersey, black athletic shorts, white sneakers

Breathing:

You are breathing faster than normal.

Circulation:

You are actively bleeding

Mental Status:

Cannot follow commands

Level of Consciousness:

Unconscious

Mobility:

Non-ambulatory

Acting Instructions:

You're unconscious and can't respond

Loved One/Next of Kin

You're the Mother of Ethan Walker.

You last saw them on 10/6/2026 at 8:55:00 AM at Event Parking Area.

You think they were wearing a Blue soccer jersey, but you're not sure.

If asked, their general build is Slim and complexion is Fair.

Their height is about 4 ft 5 in and weight around 72 lbs.

Their hair is Short and Blonde.

If asked, as best you can recall they have:

Scars - Small scar right elbow

Tattoos - None

Piercings - None

Birthmarks - Small birthmark left shoulder

Moles - None

If asked, your contact information is:

Rebecca Walker

You live at 112 Oak Ridge Drive, Carrollton Georgia, USA 30117.

Home Tel: 7705553001

Cell Tel: 7705553002

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-001** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Child**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Blonde**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **Small scar right elbow**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Blue soccer jersey, black athletic shorts, white sneakers**

Jewelry Description: **, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Ethan Walker

They are 8 years old

They are White

They were born in Carrollton, Georgia, USA

They are a United States citizen

They are Single

They live at 112 Oak Ridge Drive, Carrollton GA 30117 USA

Their significant other is

Their father is Daniel Walker

Their mother is Rebecca Walker

They were reported missing by their Mother, Rebecca Walker

They're wearing Blue soccer jersey, black athletic shorts, white sneakers

They are Student

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Walker		Ethan		James	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	4/18/2018	White	8		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
112 Oak Ridge Drive			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Carrollton	Georgia, USA	
County		Country	Birth City	Birth State & Country	
United States		Christian	EJ		
Citizenship		Religious Preference	Also Known As/Alias		
ethan.walker.exercis		7705551001			
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Slim ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 4 ft 5 in Ft/ins / cms Weight/Weight Range: 72 lbs Lbs. / kilos					
Hair Color	Blonde ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Blue ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: Small birthmark left shoulder ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: Small scar right elbow				

Employment: **Student** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Education**

Usual Occupation/Title: **Elementary School Student**

Employer: **N/A** Employer Phone #: **N/A**

Employer Address: **N/A** Country: **N/A**

Family "Safe" Word: **Bluebird** Favorite Teacher: **Mrs Franklin** School Grade/Year: **3rd Grade**

Favorite Toy: **Soccer Ball** Name of School: **Carrollton Elementary School** Town/City: **Carrollton**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Rebecca Walker** Relationship to person: **Mother**
Last seen where (town/city): **Event Parking Area** Time last seen: **8:55:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: _____ Profile Name: _____

Snapshot: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: _____

Instagram: ☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Blue soccer jersey			
Black athletic shorts			
White athletic shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: _____ Make: _____ Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: _____ Band Color: _____ Face Color: _____ Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription: _____
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **No**

Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3Material ColorStone ColorSizeWhere Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Single

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last NameSuffixFirst NameMiddle NameMaiden Name

Wedding DateWedding Location (Country)

Email AddressHome TelCell Tel

Parents: Living

Father: ☐ Living ☐ Deceased ☐ UnknownWalkerDanielRobert

Last NameFirst NameMiddle Name

daniel.walker.exercise@example.com77055520017705552002

Email AddressHome TelCell Tel

Mother: ☐ Living ☐ Deceased ☐ UnknownWalkerRebeccaLynn

Last NameFirst NameMiddle Name

rebecca.walker.exercise@example.co77055530017705553002

Email AddressHome TelCell Tel

Reporting Person:

WalkerRebeccaLynn

Last NameSuffixFirst NameMiddle Name

112 Oak Ridge DriveCarrolltonGeorgia, USA30117

Street AddressApt #CityState/CountryZip/Post Code

rebecca.walker.exercise@example.co77055530017705553002

Email AddressHome TelCell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Mother

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ NoMRN/CSN:

Checked By: Employee ID:

Date/Time Checked: Verified by:

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CONTAMINATED

T0002

Property Receipt

T0002

Destination

T0002

**TRIAGE
TAG**

T0002

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 42

☐ Trauma

☐ Burn

☐ Cardiac

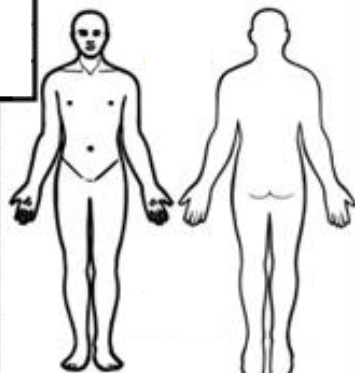
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	108/80	82	28

Chief Complaint

Hyperventilating and numbness in hands

Minimal

Clothing:

Red blouse, black slacks,
black dress shoes

Player Instructions

Your name is:

Angela Brooks

You're wearing:

Red blouse, black slacks, black
dress shoes

Breathing:

You are breathing faster than normal.

Circulation:

You are not bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You're breathing quickly and keep
tapping your hands together

Loved One/Next of Kin

You're the Brother of Angela Brooks.

You last saw them on 10/6/2026 at 8:58:00 AM at Main Entrance.

You think they were wearing a Red blouse, but you're not sure.

If asked, their general build is Average and complexion is Medium.

Their height is about 5 ft 6 in and weight around 165 lbs.

Their hair is Shoulder Length and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - Butterfly tattoo left ankle

Piercings - Nose stud left nostril

Birthmarks - None

Moles - Small mole right cheek

If asked, your contact information is:

Marcus Brooks

You live at 88 Pine Avenue, Villa Rica Georgia, USA 30180.

Home Tel: 7705553004

Cell Tel: 7705553104

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-004** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Black**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Butterfly tattoo left ankle**

☐ Scars: **None**

☐ Piercings: **Nose stud left nostril**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Red blouse, black slacks, black dress shoes**

Jewelry Description: **Hoop Earrings, Necklace, Cross Pendant**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Angela Brooks

They are 42 years old

They are Black

They were born in Augusta, Georgia, USA

They are a United States citizen

They are Divorced

They live at 88 Pine Avenue, Villa Rica GA 30180 USA

Their significant other is

Their father is Samuel Brooks

Their mother is Dorothy Brooks

They were reported missing by their Brother, Marcus Brooks

They're wearing Red blouse, black slacks, black dress shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Brooks		Angela		Renee	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	7/22/1984	Black	42		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
88 Pine Avenue			Villa Rica	GA	30180
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Augusta	Georgia, USA	
County		Country	Birth City	Birth State & Country	
United States		Christian	Angie		
Citizenship		Religious Preference	Also Known As/Alias		
angela.brooks.exerci		7705551002	7705551102		
Email Address		Home Tel	Cell Tel		Cell Provider
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 6 in Ft/ins / cms Weight/Weight Range: 165 lbs Lbs. / kilos					
Hair Color Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____					
Hair Length Shoulder Length ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____					
Facial Hair None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____					
Eyes Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____					
Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None					
Fingernails Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural					
Design: None Jewelry: None					
☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium					
Physical Identifiers ☐ Dental Braces No ☐ Birthmark: None ☐ Mole: Small mole right cheek					
☐ Piercing: Nose stud left nostril					
☐ Tattoo: Butterfly tattoo left ankle					
☐ Medical Device: None					
☐ Scars: None					

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Finance**

Usual Occupation/Title: **Branch Manager**

Employer: **Regional Bank** Employer Phone #: **7705554500**

Employer Address: **100 Main Street Villa Rica GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Marcus Brooks** Relationship to person: **Brother**
Last seen where (town/city): **Main Entrance** Time last seen: **8:58:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **olivia.thompson16** Other: _____

Twitter: ☐ Yes ☐ No Profile Name: **liv_thompson16** Profile Name: _____

Snaphcat: ☐ Yes ☐ No Profile Name: **oliviati16** Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: _____

Instagram:☐ Yes ☐ No Profile Name: **olivia_t16** _____

Military Service (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____

Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____

Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other: _____

Surgery: ☐ Yes ☐ No ☐ Unknown ☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy ☐ Laparotomy ☐ Caesarean ☐ Mastectomy ☐ Reconstructive ☐ Open Heart ☐ Other: None

Prosthetic: ☐ Yes ☐ No ☐ Unknown Location: **No** _____

Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Red blouse			
Black slacks			
Black dress shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown

Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription:

Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Earrings	Gold	None	Small	Both Ears
Jewelry 1	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Bracelet	Silver	None	Child	Right Wrist
Jewelry 2	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

College Pendant	Silver	None	Small	Neck
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: **Class of 2032** Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Divorced**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name	Suffix	First Name	Middle Name	Maiden Name
Wedding Date		Wedding Location (Country)		
Email Address	Home Tel	Cell Tel		

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown	Brooks	Samuel	Dean
	Last Name	First Name	Middle Name
sbrooks.exercise@example.com	7705552002	7705552102	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Brooks	Dorothy	Mae
Living	Last Name	First Name	Middle Name
dbrooks.exercise@example.com	7705552202	7705552302	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Brooks	Marcus	Lee		
Last Name	Suffix	First Name	Middle Name	
88 Pine Avenue	Villa Rica	Georgia, USA	30180	
Street Address	Apt #	City	State/Country	Zip/Post Code
marcus.brooks.exercise@example.co	7705553002	7705553102		
Email Address	Home Tel	Cell Tel		

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin
☐ Employer ☐ Friend ☐ Other: **Brother**

STAFF ONLY:

Patient in Epic:	☐ Yes ☐ No	MRN/CSN: _____
Checked By:	_____	Employee ID: _____
Date/Time Checked:	_____	Verified by: _____

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CONTAMINATED

Property Receipt

T0003

Destination

T0003

TRIAGE TAG

T0003

S☐
L☐
U☐
D☐
G☐
E☐
M☐

Age: 34

☐ Trauma

☐ Burn

☐ Cardiac

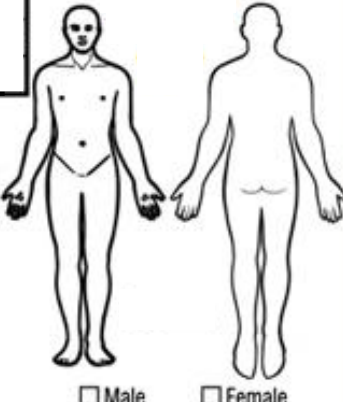
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS			
Time	B/P	Pulse	Respiration
	70/40	60	9

Chief Complaint

Head injury and bleeding from eyes and ears

Immediate

Clothing:

Blue polo shirt, khaki pants, brown belt

T0003

Player Instructions

Your name is:
Michael Carter

You're wearing:
Blue polo shirt, khaki pants, brown belt

Breathing:

You are breathing slower than normal

Circulation:

You are actively bleeding

Mental Status:

Cannot follow commands

Level of Consciousness:

Unconscious

Mobility:

Non-ambulatory

Acting Instructions:

You're unable to respond to anyone.

Loved One/Next of Kin

You're the Spouse of Michael Carter.

You last saw them on 10/6/2026 at 8:51:00 AM at Parking Lot B.

You think they were wearing a Blue polo shirt, but you're not sure.

If asked, their general build is Average and complexion is Fair.

Their height is about 5 ft 10 in and weight around 185 lbs.

Their hair is Short and Brown.

If asked, as best you can recall they have:

Scars - Scar above left eyebrow

Tattoos - Compass tattoo right forearm

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Sarah Carter

You live at 125 Oak Ridge Drive, Carrollton Georgia, USA 30117.

Home Tel: 7705553003

Cell Tel: 7705553103

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-003** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Brown**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Compass tattoo right forearm**

☐ Scars: **Scar above left eyebrow**

☐ Piercings: **None**

☐ Glasses **Yes** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Blue polo shirt, khaki pants, brown belt**

Jewelry Description: **Wedding Band, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Michael Carter

They are 34 years old

They are White

They were born in Atlanta, Georgia, USA

They are a United States citizen

They are Married

They live at 125 Oak Ridge Drive, Carrollton GA 30117 USA

Their significant other is Sarah Carter

Their father is James Carter

Their mother is Linda Carter

They were reported missing by their Spouse, Sarah Carter

They're wearing Blue polo shirt, khaki pants, brown belt

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian ☐ Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

<u>Carter</u>			<u>Michael</u>		<u>Andrew</u>	
Last Name		Suffix	First Name		Middle Name	Maiden Name
<u>Male</u>	<u>3/14/1992</u>	<u>White</u>	<u>34</u>			
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range		SSN/ID#	
<u>125 Oak Ridge Drive</u>			<u>Carrollton</u>		<u>GA</u>	<u>30117</u>
Street Address		Apt #	City		State	Zip/Post Code
<u>Carroll</u>	<u>USA</u>		<u>Atlanta</u>		<u>Georgia, USA</u>	
County	Country		Birth City		Birth State & Country	
<u>United States</u>	<u>Christian</u>		<u>Mike</u>			
Citizenship	Religious Preference		Also Known As/Alias			
<u>michael.carter.exerc</u>	<u>7705551003</u>		<u>7705551103</u>			
Email Address	Home Tel		Cell Tel		Cell Provider	
Complexion: <u>Fair</u> ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino						
General Build: <u>Average</u> ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy						
Height/Height Range: <u>5 ft 10 in</u> Ft/ins / cms Weight/Weight Range: <u>185 lbs</u> Lbs. / kilos						
Hair Color	<u>Brown</u> ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____					
Hair Length	<u>Short</u> ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____					
Facial Hair	<u>None</u> ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____					
Eyes	<u>Hazel</u> ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ <u>Glasses</u> ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None					
Fingernails	<u>Natural</u> ☐ Natural ☐ Artificial ☐ Unknown Color: <u>Natural</u> Design: <u>None</u> Jewelry: <u>None</u> ☐ Extremely Long ☐ Long ☐ Medium ☐ Short <u>Short</u>					
Physical Identifiers	☐ Dental Braces <u>No</u> ☐ Birthmark: <u>None</u> ☐ Mole: <u>None</u> ☐ Piercing: <u>None</u> ☐ Tattoo: <u>Compass tattoo right forearm</u> ☐ Medical Device: <u>None</u> ☐ Scars: <u>Scar above left eyebrow</u>					

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Healthcare

Usual Occupation/Title: Maintenance Technician

Employer: Tanner Health Employer Phone #: 7705554400

Employer Address: 705 Dixie Street Carrollton GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Sarah Carter** Relationship to person: **Spouse**
Last seen where (town/city): **Parking Lot B** Time last seen: **8:51:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **michael.carter34** Other: _____
Twitter: ☐ Yes ☐ No Profile Name: **mikecarter34** Profile Name: _____
Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown
YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____
LinkedIn: ☐ Yes ☐ No Profile Name: **michael-carter34** _____
Instagram: ☐ Yes ☐ No Profile Name: **mike_carter34** _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Appendectomy _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Blue polo shirt			
Khaki pants			
Brown belt			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Analogue Wristwatch** Make: **Timex** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Leather** Band Color: **Brown** Face Color: **White** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Wedding Band	Silver	None	Medium	Left Ring Finger
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: Forever	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Carter		Sarah	Elizabeth	Johnson
Last Name	Suffix	First Name	Middle Name	Maiden Name
6/18/2018	Carrollton, GA			
Wedding Date	Wedding Location (Country)			
sarah.carter.exercise@example.com	7705553003	7705553103		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Carter	James	Robert
Last Name	First Name	Middle Name
jcarter.exercise@example.com	7705552003	7705552103
Email Address	Home Tel	Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Carter	Linda	Ann
Last Name	First Name	Middle Name
lcarter.exercise@example.com	7705552203	7705552303
Email Address	Home Tel	Cell Tel

Reporting Person:

Carter		Sarah	Elizabeth	
Last Name	Suffix	First Name	Middle Name	
125 Oak Ridge Drive		Carrollton	Georgia, USA	30117
Street Address	Apt #	City	State/Country	Zip/Post Code
sarah.carter.exercise@example.com	7705553003	7705553103		
Email Address	Home Tel	Cell Tel		

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0005

Destination

T0005

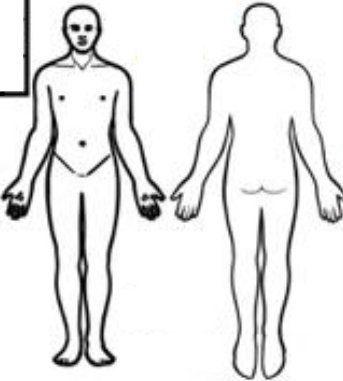
TRIAGE
TAG

T0005

S
☐
L
☐
U
☐
D
☐
G
☐
E
☐
M
☐

Age: 71

☐ Trauma
☐ Burn
☐ Cardiac
☐ Crush
☐ Fracture
☐ Laceration
☐ Penetrating
☐ Spinal



☐ Male
 ☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	102/62	68	16

Chief Complaint

Twisted ankles

Minimal

Clothing:

Green plaid shirt, blue jeans, brown boots

T0005

Player Instructions

Your name is:

Carlos Martinez

You're wearing:

Green plaid shirt, blue jeans, brown boots

Breathing:

You are not having any difficulty breathing

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Non-ambulatory

Acting Instructions:

You can't walk easily. You're in lots of pain.

Loved One/Next of Kin

You're the Spouse of Carlos Martinez.

You last saw them on 10/6/2026 at 8:47:00 AM at Vendor Area.

You think they were wearing a Green plaid shirt, but you're not sure.

If asked, their general build is Stocky and complexion is Medium.

Their height is about 5 ft 8 in and weight around 210 lbs.

Their hair is Short and Salt and Pepper.

If asked, as best you can recall they have:

Scars - Surgical scar right knee

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Elena Martinez

You live at 152 Maple Street, Bowdon Georgia, USA 30108.

Home Tel: 7705553005

Cell Tel: 7705553105

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-005** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Senior**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Hispanic**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Salt and Pepper**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **Surgical scar right knee**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **Mustache**

Clothing Description: **Green plaid shirt, blue jeans, brown boots**

Jewelry Description: **Wedding Band, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Carlos Martinez

They are 71 years old

They are Hispanic

They were born in San Antonio, Texas, USA

They are a United States citizen

They are Married

They live at 152 Maple Street, Bowdon GA 30108 USA

Their significant other is Elena Martinez

Their father is Ricardo Martinez

Their mother is Maria Martinez

They were reported missing by their Spouse, Elena Martinez

They're wearing Green plaid shirt, blue jeans, brown boots

They are Retired

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Martinez		Carlos		Eduardo	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	9/5/1955	Hispanic	71		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
152 Maple Street			Bowdon	GA	30108
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	San Antonio		Texas, USA
County		Country	Birth City		Birth State & Country
United States		Catholic	Carlos		
Citizenship		Religious Preference	Also Known As/Alias		
carlos.martinez.exer		7705551005	7705551105		
Email Address		Home Tel	Cell Tel		Cell Provider
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Stocky ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 8 in Ft/ins / cms Weight/Weight Range: 210 lbs Lbs. / kilos					
Hair Color	Salt and Pepper ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	Mustache ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: Surgical scar right knee				

Employment: **Retired** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Retired**

Usual Occupation/Title: **Retired**

Employer: **N/A** Employer Phone #: **N/A**

Employer Address: **N/A** Country: **N/A**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Elena Martinez** Relationship to person: **Spouse**
Last seen where (town/city): **Vendor Area** Time last seen: **8:47:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **carlos.martinez71** _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: _____

Instagram: ☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **Yes** Country Served: _____ Branch: _____ Service #: _____

Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____

Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other: _____

Surgery: ☐ Yes ☐ No ☐ Unknown ☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy ☐ Laparotomy ☐ Caesarean ☐ Mastectomy ☐ Reconstructive ☐ Open Heart ☐ Other: Knee Replacement

Prosthetic: ☐ Yes ☐ No ☐ Unknown Location: **No** _____

Old Fractures: ☐ Yes ☐ No Description: **Yes** _____

Clothing:

Item	Color / Pattern	Description	Size
Green plaid shirt			
Blue jeans			
Brown boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Analogue Wristwatch** Make: **Rolex Datejust** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**

Band Material: **Metal** Band Color: **Gold** Face Color: **Champagne** Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription: **To Carlos, Love Elena**

Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Wedding Band	Gold	None	Large	Left Ring Finger
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: Elena	Photo Available: ☐ Yes ☐ No ☐ Unknown			
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Married**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Martinez

Elena

Maria

Ramirez

Last Name

Suffix

First Name

Middle Name

Maiden Name

9/21/1978

San Antonio, TX

Wedding Date

Wedding Location (Country)

elena.martinez.exercise@example.com

7705553005

7705553105

Email Address

Home Tel

Cell Tel

Parents: **Deceased**

Father: ☐ Living ☐ Deceased ☐ Unknown

Martinez

Ricardo

Jose

Last Name

First Name

Middle Name

N/A

N/A

N/A

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Martinez

Maria

Elena

Last Name

First Name

Middle Name

maria.martinez.exercise@example.co

7705552205

7705552305

Email Address

Home Tel

Cell Tel

Reporting Person:

Martinez

Elena

Maria

Last Name

Suffix

First Name

Middle Name

152 Maple Street

Bowdon

Georgia, USA

30108

Street Address

Apt #

City

State/Country

Zip/Post Code

elena.martinez.exercise@example.co

7705553005

7705553105

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: **Spouse**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0006

Destination

T0006

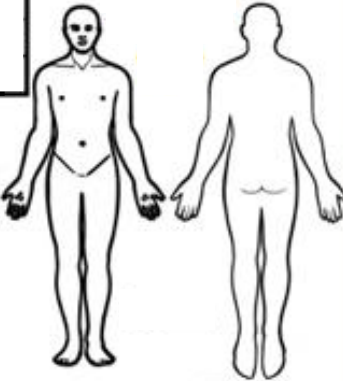
TRIAGE TAG

T0006

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 55

☐ Trauma
☐ Burn
☐ Cardiac
☐ Crush
☐ Fracture
☐ Laceration
☐ Penetrating
☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	100/68	112	24

Chief Complaint

Burns to anterior legs

Delayed

Clothing:

White dress shirt, navy slacks, brown loafers

T0006

Player Instructions

Your name is:
David Chen

You're wearing:
White dress shirt, navy slacks, brown loafers

Breathing:

You are breathing slower than normal

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Non-ambulatory

Acting Instructions:

You're screaming that your burns hurt

Loved One/Next of Kin

You're the Spouse of David Chen.

You last saw them on 10/6/2026 at 9:01:00 AM at South Parking Lot.

You think they were wearing a White dress shirt, but you're not sure.

If asked, their general build is Average and complexion is Medium.

Their height is about 5 ft 9 in and weight around 172 lbs.

Their hair is Short and Black.

If asked, as best you can recall they have:

Scars - Small scar on chin

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Linda Chen

You live at 775 Bradley Street, Carrollton Georgia, USA 30117.

Home Tel: 7705553006

Cell Tel: 7705553106

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-006** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Asian**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **Small scar on chin**

☐ Piercings: **None**

☐ Glasses **Yes** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **White dress shirt, navy slacks, brown loafers**

Jewelry Description: **, , Family Ring**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is David Chen

They are 56 years old

They are Asian

They were born in Seattle, Washington, USA

They are a United States citizen

They are Married

They live at 775 Bradley Street, Carrollton GA 30117 USA

Their significant other is Linda Chen

Their father is Victor Chen

Their mother is Lillian Chen

They were reported missing by their Spouse, Linda Chen

They're wearing White dress shirt, navy slacks, brown loafers

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Chen		David		Wei	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	11/19/1970	Asian	56		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
775 Bradley Street			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Seattle	Washington, USA	
County		Country	Birth City	Birth State & Country	
United States		Buddhist	Dave		
Citizenship		Religious Preference	Also Known As/Alias		
david.chen.exercise		7705551006	7705551106		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 9 in Ft/ins / cms Weight/Weight Range: 172 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Glasses ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: Small scar on chin				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Manufacturing**

Usual Occupation/Title: **Production Supervisor**

Employer: **West Georgia Manufacturing** Employer Phone #: **7705554600**

Employer Address: **890 Industrial Boulevard Carrollton GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Linda Chen** Relationship to person: **Spouse**
Last seen where (town/city): **South Parking Lot** Time last seen: **9:01:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **david.chen56** Other:

Twitter: ☐ Yes ☐ No Profile Name: **dchen56** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **david-chen56**

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Appendectomy
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
White dress shirt			
Navy slacks			
Brown loafers			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Smart Watch** Make: **Samsung Galaxy Watch** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Silicone** Band Color: **Black** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **No**

Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Family Ring	Gold	Emerald	Medium	Right Hand
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription:Family First Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Chen		Linda	Marie	Wong
Last Name	Suffix	First Name	Middle Name	Maiden Name
5/12/1994		Seattle, WA		
Wedding Date		Wedding Location (Country)		
linda.chen.exercise@example.com		7705553006	7705553106	
Email Address		Home Tel	Cell Tel	

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown	Chen	Victor	Ming
	Last Name	First Name	Middle Name
victor.chen.exercise@example.com	7705552006	7705552106	
Email Address	Home Tel	Cell Tel	
Mother: ☐ Living ☐ Deceased ☐ Unknown	Chen	Lillian	Faye
Living	Last Name	First Name	Middle Name
lillian.chen.exercise@example.com	7705552206	7705552306	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Chen		Linda	Marie	
Last Name	Suffix	First Name	Middle Name	
775 Bradley Street		Carrollton	Georgia, USA	30117
Street Address	Apt #	City	State/Country	Zip/Post Code
linda.chen.exercise@example.com		7705553006	7705553106	
Email Address		Home Tel	Cell Tel	
Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin				
☐ Employer ☐ Friend ☐ Other: Spouse				

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

T0007

Property Receipt

T0007

Destination

T0007

**TRIAGE
TAG**

T0007

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 29

☐ Trauma

☐ Burn

☐ Cardiac

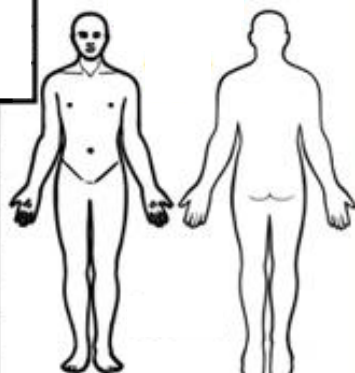
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	120/80	88	18

Chief Complaint

Reports that for several days has had diarrhea, noticed blood in stool

Minimal

Clothing:

Yellow sundress, tan sandals

Player Instructions

Your name is:

Isabella Torres

You're wearing:

Yellow sundress, tan sandals

Breathing:

You are not having any difficulty breathing

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You're exhausted and dehydrated from constant diarrhea

Loved One/Next of Kin

You're the Sister of Isabella Torres.

You last saw them on 10/6/2026 at 9:06:00 AM at Food Court Area.
You think they were wearing a Yellow sundress, but you're not sure.

If asked, their general build is Athletic and complexion is Olive.
Their height is about 5 ft 5 in and weight around 135 lbs.
Their hair is Long and Auburn.

If asked, as best you can recall they have:

Scars - None

Tattoos - Rose tattoo left shoulder

Piercings - Double ear piercings

Birthmarks - Small birthmark left shoulder

Moles - None

If asked, your contact information is:

Emily Torres

You live at 205 Lakeshore Trail, Carrollton Georgia, USA 30117.

Home Tel: 7705553007

Cell Tel: 7705553107

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-007** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Hispanic**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Auburn**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Rose tattoo left shoulder**

☐ Scars: **None**

☐ Piercings: **Double ear piercings**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Yellow sundress, tan sandals**

Jewelry Description: **Heart Pendant Necklace, Stud Earrings,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Isabella Torres

They are 29 years old

They are Hispanic

They were born in Savannah, Georgia, USA

They are a United States citizen

They are Single

They live at 205 Lakeshore Trail, Carrollton GA 30117 USA

Their significant other is

Their father is Carlos Torres

Their mother is Sophia Torres

They were reported missing by their Sister, Emily Torres

They're wearing Yellow sundress, tan sandals

They are Student

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Torres		Isabella		Marie	
Last Name		Suffix	First Name		Middle Name
Maiden Name					
Female	2/3/1997	Hispanic	29		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
205 Lakeshore Trail			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll	USA	Savannah	Georgia, USA		
County	Country	Birth City	Birth State & Country		
United States	Catholic	Bella			
Citizenship	Religious Preference	Also Known As/Alias			
isabella.torres.exerci	7705551007	7705551107			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Olive ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 5 in Ft/ins / cms Weight/Weight Range: 135 lbs Lbs. / kilos					
Hair Color	Auburn ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Green ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____				
	Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Clear				
	Design: None Jewelry: None				
	☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical	☐ Dental Braces No ☐ Birthmark: Small birthmark left shoulder ☐ Mole: None				
Identifiers	☐ Piercing: Double ear piercings				
	☐ Tattoo: Rose tattoo left shoulder				
	☐ Medical Device: None				
	☐ Scars: None				

Employment: Student ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Education

Usual Occupation/Title: Graduate Student

Employer: University of West Georgia Employer Phone #: 6785554700

Employer Address: 1601 Maple Street Carrollton GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Emily Torres** Relationship to person: **Sister**
Last seen where (town/city): **Food Court Area** Time last seen: **9:06:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **bella.torres29** Other:

Twitter: ☐ Yes ☐ No Profile Name: Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: **bella_travels** Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name:

Instagram:☐ Yes ☐ No Profile Name: **bella_torres29**

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:

Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:

Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other:

Surgery: ☐ Yes ☐ No ☐ Unknown ☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy ☐ Laparotomy ☐ Caesarean ☐ Mastectomy ☐ Reconstructive ☐ Open Heart ☐ Other: None

Prosthetic: ☐ Yes ☐ No ☐ Unknown Location: **No**

Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Yellow sundress			
Tan sandals			
White cardigan			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown

Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription:

Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Heart Pendant	Gold	None	Small	Neck
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown				

Stud Earrings	Gold	None	Small	Both Ears
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown				

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Single**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name

Suffix

First Name

Middle Name

Maiden Name

Wedding Date

Wedding Location (Country)

Email Address

Home Tel

Cell Tel

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown **Torres** **Carlos** **Miguel**

Last Name

First Name

Middle Name

carlos.torres.exercise@example.com

7705552007

7705552107

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown **Torres** **Sophia** **Elena**

Last Name

First Name

Middle Name

sophia.torres.exercise@example.com

7705552207

7705552307

Email Address

Home Tel

Cell Tel

Reporting Person:

Torres **Emily** **Rose**

Last Name

Suffix

First Name

Middle Name

205 Lakeshore Trail

Carrollton

Georgia, USA

30117

Street Address

Apt #

City

State/Country

Zip/Post Code

emily.torres.exercise@example.com

7705553007

7705553107

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: **Sister**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

T0008

Property Receipt

T0008

Destination

T0008

TRIAGE TAG

T0008

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 38

Trauma

Burn

Cardiac

Crush

Fracture

Laceration

Penetrating

Spinal



☐ Male

☐ Female

Other:

VITAL SIGNS

Time	B/P	Pulse	Respiration
	118/70	118	16

Chief Complaint

Back injury due to impact, difficulty walking

Delayed

Clothing:

Black T-shirt, olive cargo pants, hiking boots

Player Instructions

Your name is:
Nathan Redbird

You're wearing:
Black T-shirt, olive cargo pants,
hiking boots

Breathing:

You are not having any difficulty
breathing

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Non-ambulatory

Acting Instructions:

You can't straighten up. You're in agony!

Loved One/Next of Kin

You're the Spouse of Nathan Redbird.

You last saw them on 10/6/2026 at 9:09:00 AM at North Entrance.

You think they were wearing a Black T-shirt, but you're not sure.

If asked, their general build is Athletic and complexion is Tan.

Their height is about 6 ft 0 in and weight around 205 lbs.

Their hair is Short and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - Eagle tattoo upper left arm

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Alyssa Redbird

You live at 89 Cedar Drive, Bowdon Georgia, USA 30108.

Home Tel: 7705553008

Cell Tel: 7705553108

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-008** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **American Indian**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Eagle tattoo upper left arm**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **Yes** ☐ Mustache **No**

Clothing Description: **Black T-shirt, olive cargo pants, hiking boots**

Jewelry Description: **Leather Bracelet, , Charm Anklet**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Nathan Redbird

They are 38 years old

They are American Indian

They were born in Tulsa, Oklahoma, USA

They are a United States citizen

They are Married

They live at 89 Cedar Drive, Bowdon GA 30108 USA

Their significant other is Alyssa Redbird

Their father is Thomas Redbird

Their mother is Carla Redbird

They were reported missing by their Spouse, Alyssa Redbird

They're wearing Black T-shirt, olive cargo pants, hiking boots

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian ☐ Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Redbird		Nathan		Sky	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	6/17/1988	American Indian	38		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
89 Cedar Drive			Bowdon	GA	30108
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Tulsa	Oklahoma, USA	
County	Country	Birth City		Birth State & Country	
United States	Christian	Nate			
Citizenship	Religious Preference	Also Known As/Alias			
nathan.redbird.exerc	7705551008	7705551108			
Email Address	Home Tel	Cell Tel		Cell Provider	
Complexion: Tan ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 6 ft 0 in Ft/ins / cms Weight/Weight Range: 205 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	Beard ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: Eagle tattoo upper left arm ☐ Medical Device: None ☐ Scars: None				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Construction**

Usual Occupation/Title: **Carpenter**

Employer: **Redbird Construction** Employer Phone #: **7705554800**

Employer Address: **122 Commerce Road Bowdon GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Alyssa Redbird** Relationship to person: **Spouse**
Last seen where (town/city): **North Entrance** Time last seen: **9:09:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **nathan.redbird38** Other:

Twitter: ☐ Yes ☐ No Profile Name: **nredbird38** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **nathan-redbird38**

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **Yes** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Broken Wrist Repair
Old Fractures: ☐ Yes ☐ No Description: **Yes**

Clothing:

Item	Color / Pattern	Description	Size
Black T-shirt			
Olive cargo pants			
Brown hiking boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Analogue Wristwatch** Make: **Casio** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Leather** Band Color: **Brown** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Leather Bracelet	Brown	None	Wide	Right Wrist
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Charm Anklet	Silver	None	Small	Right Ankle
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Redbird		Alyssa	Grace	Thomas
Last Name	Suffix	First Name	Middle Name	Maiden Name
4/28/2014		Bowdon, GA		
Wedding Date	Wedding Location (Country)			
alyssa.redbird.exercise@example.com	7705553008	7705553108		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown	Redbird	Thomas	Lee
	Last Name	First Name	Middle Name
thomas.redbird.exercise@example.co	7705552008	7705552108	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Redbird	Carla	Jean
Living	Last Name	First Name	Middle Name
carla.redbird.exercise@example.com	7705552208	7705552308	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Redbird		Alyssa	Grace
Last Name	Suffix	First Name	Middle Name
89 Cedar Drive		Bowdon	Georgia, USA
Street Address	Apt #	City	State/Country
alyssa.redbird.exercise@example.com	7705553008	7705553108	
Email Address	Home Tel	Cell Tel	

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0009

Destination

T0009

**TRIAGE
TAG**

T0009

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 68

☐ Trauma

☐ Burn

☐ Cardiac

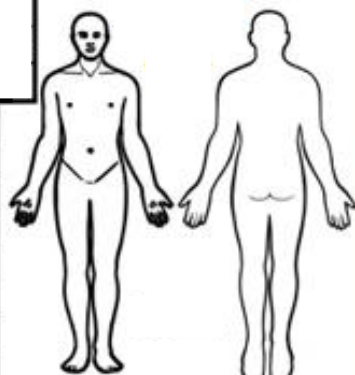
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	114/74	63	14

Chief Complaint

Multiple bone fractures- Left shoulder, left arm, right wrist

Delayed

Clothing:

Purple cardigan, floral skirt, black flats

Player Instructions

Your name is:

Patricia Johnson

You're wearing:

Purple cardigan, floral skirt, black flats

Breathing:

You are breathing slower than normal

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You don't want anyone to touch you as it hurts so much

Loved One/Next of Kin

You're the Son of Patricia Johnson.

You last saw them on 10/6/2026 at 9:12:00 AM at Vendor Tent Area.

You think they were wearing a Purple cardigan, but you're not sure.

If asked, their general build is Heavy and complexion is Medium.

Their height is about 5 ft 3 in and weight around 190 lbs.

Their hair is Short and Gray.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - Double ear piercings

Birthmarks - None

Moles - Small mole left shoulder

If asked, your contact information is:

Robert Johnson

You live at 75 Magnolia Court, Carrollton Georgia, USA 30117.

Home Tel: 7705553009

Cell Tel: 7705553109

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-009** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Senior**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Black**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Gray**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **Double ear piercings**

☐ Glasses **Yes** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Purple cardigan, floral skirt, black flats**

Jewelry Description: **Pearl Necklace, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Patricia Johnson

They are 68 years old

They are Black

They were born in Montgomery, Alabama, USA

They are a United States citizen

They are Widowed

They live at 75 Magnolia Court, Carrollton GA 30117 USA

Their significant other is

Their father is Henry Johnson

Their mother is Margaret Johnson

They were reported missing by their Son, Robert Johnson

They're wearing Purple cardigan, floral skirt, black flats

They are Retired

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Johnson		Patricia		Ann	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	4/8/1958	Black	68		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
75 Magnolia Court			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Montgomery	Alabama, USA	
County		Country	Birth City	Birth State & Country	
United States		Baptist	Pat		
Citizenship		Religious Preference	Also Known As/Alias		
patricia.johnson.exe		7705551009	7705551109		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Heavy ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 3 in Ft/ins / cms Weight/Weight Range: 190 lbs Lbs. / kilos					
Hair Color	Gray ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Glasses ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: Small mole left shoulder ☐ Piercing: Double ear piercings ☐ Tattoo: None ☐ Medical Device: Left hearing aid ☐ Scars: Age-related surgical scar				

Employment: **Retired** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Retired**

Usual Occupation/Title: **Retired**

Employer: **N/A** Employer Phone #: **N/A**

Employer Address: **N/A** Country: **N/A**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Robert Johnson** Relationship to person: **Son**
Last seen where (town/city): **Vendor Tent Area** Time last seen: **9:12:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **patricia.johnson68** Other: _____

Twitter: ☐ Yes ☐ No Profile Name: _____ Profile Name: _____

Snaphcat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: _____

Instagram:☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____

Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____

Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other: _____

Surgery: ☐ Yes ☐ No ☐ Unknown ☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy ☐ Laparotomy ☐ Caesarean ☐ Mastectomy ☐ Reconstructive ☐ Open Heart ☐ Other: Hip Replacement

Prosthetic: ☐ Yes ☐ No ☐ Unknown Location: **No** _____

Old Fractures: ☐ Yes ☐ No Description: **Yes** _____

Clothing:

Item	Color / Pattern	Description	Size
Purple cardigan			
Floral skirt			
Black flats			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown

Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription:

Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Pearl Necklace	White	None	Medium	Neck
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Widowed**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name

Suffix

First Name

Middle Name

Maiden Name

Wedding Date

Wedding Location (Country)

Email Address

Home Tel

Cell Tel

Parents: **Deceased**

Father: ☐ Living ☐ Deceased ☐ Unknown

Johnson

Henry

Lee

Last Name

First Name

Middle Name

N/A

N/A

N/A

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Johnson

Margaret

Rose

Last Name

First Name

Middle Name

N/A

0

0

Email Address

Home Tel

Cell Tel

Reporting Person:

Johnson

Robert

Michael

Last Name

Suffix

First Name

Middle Name

75 Magnolia Court

Carrollton

Georgia, USA

30117

Street Address

Apt #

City

State/Country

Zip/Post Code

robert.johnson.exercise@example.co

7705553009

7705553109

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: **Son**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0010

Destination

T0010

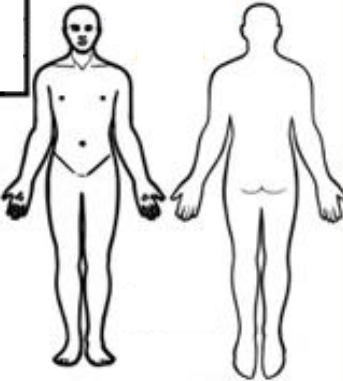
TRIAGE TAG

T0010

S
☐
L
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U
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D
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G
☐
E
☐
M
☐

Age: 45

☐ Trauma
☐ Burn
☐ Cardiac
☐ Crush
☐ Fracture
☐ Laceration
☐ Penetrating
☐ Spinal



☐ Male
 ☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	92/78	78	14

Chief Complaint

Abdominal pain, right thigh pain

Minimal

Clothing:

Dark business suit, red tie, black dress shoes

T0010

Player Instructions

Your name is:

James OConnor

You're wearing:

Dark business suit, red tie, black dress shoes

Breathing:

You are breathing slower than normal

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You're doubled-over in pain

Loved One/Next of Kin

You're the Spouse of James OConnor.

You last saw them on 10/6/2026 at 9:18:00 AM at Convention Center.

You think they were wearing a Dark business suit, but you're not sure.

If asked, their general build is Average and complexion is Fair.

Their height is about 6 ft 1 in and weight around 194 lbs.

Their hair is Short and Brown.

If asked, as best you can recall they have:

Scars - Burn scar left forearm

Tattoos - None

Piercings - Bilateral nipple piercings

Birthmarks - None

Moles - None

If asked, your contact information is:

Megan OConnor

You live at 3512 Preston Road, Dallas Texas, USA 75205.

Home Tel: 2145553000

Cell Tel: 2145553100

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-010** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Brown**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **Burn scar left forearm**

☐ Piercings: **Bilateral nipple piercings**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **Goatee**

Clothing Description: **Dark business suit, red tie, black dress shoes**

Jewelry Description: **Wedding Band, , Military Ring**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is James OConnor

They are 45 years old

They are White

They were born in Dallas, Texas, USA

They are a United States citizen

They are Married

They live at 3512 Preston Road, Dallas TX 75205 USA

Their significant other is Megan OConnor

Their father is Sean OConnor

Their mother is Katherine OConnor

They were reported missing by their Spouse, Megan OConnor

They're wearing Dark business suit, red tie, black dress shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

OConnor		James		Patrick	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	1/26/1981	White	45		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
3512 Preston Road			Dallas	TX	75205
Street Address		Apt #	City	State	Zip/Post Code
Dallas	USA	Dallas	Texas, USA		
County	Country	Birth City	Birth State & Country		
United States	Catholic	Jim			
Citizenship	Religious Preference	Also Known As/Alias			
james.oconnor.exerc	2145551010	2145551110			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 6 ft 1 in Ft/ins / cms Weight/Weight Range: 194 lbs Lbs. / kilos					
Hair Color	Brown ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	Goatee ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: Bilateral nipple piercings ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: Burn scar left forearm				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Consulting

Usual Occupation/Title: Business Consultant

Employer: OConnor Consulting Employer Phone #: 2145554000

Employer Address: 1050 Commerce Plaza Dallas TX Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **Yes** Group Type: **Business** Group Name: **Consulting Conference**
Date last seen: **10/6/2026** Last seen by :**Megan OConnor** Relationship to person: **Spouse**
Last seen where (town/city): **Convention Center** Time last seen: **9:18:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **james.oconnor45** _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: **joconnor45** _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: **oconnor.consulting** _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: **james-oconnor45** _____

Instagram: ☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **Yes** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
_____ Prison/Jail location: _____ Country: _____ Fingerprinted? _____

☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other _____
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Appendectomy _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Dark business suit			
Red tie			
Black dress shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: _____ Make: _____ Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: _____ Band Color: _____ Face Color: _____ Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription: _____
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Wedding Band	Titanium	None	Medium	Left Ring Finger
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: Megan	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription: _____	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Military Ring	Gold	None	Large	Right Hand
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: **US Army** Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Married**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

OConnor		Megan	Elizabeth	Sullivan
Last Name	Suffix	First Name	Middle Name	Maiden Name
10/11/2008		Dallas, TX		
Wedding Date		Wedding Location (Country)		
megan.oconnor.exercise@example.co	2145553000	2145553100		
Email Address	Home Tel	Cell Tel		

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown	OConnor	Sean	Patrick
	Last Name	First Name	Middle Name
sean.oconnor.exercise@example.com	2145552000	2145552100	
Email Address	Home Tel	Cell Tel	
Mother: ☐ Living ☐ Deceased ☐ Unknown	OConnor	Katherine	Anne
Living	Last Name	First Name	Middle Name
katherine.oconnor.exercise@example.	2145552200	2145552300	
Email Address	Home Tel	Cell Tel	

Reporting Person:

OConnor		Megan	Elizabeth
Last Name	Suffix	First Name	Middle Name
3512 Preston Road		Dallas	Texas, USA
Street Address	Apt #	City	State/Country
megan.oconnor.exercise@example.co	2145553000	2145553100	75205
Email Address	Home Tel	Cell Tel	Zip/Post Code
Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin			
☐ Employer ☐ Friend ☐ Other: Spouse			

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0011

Destination

T0011

**TRIAGE
TAG**

T0011

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 40

☐ Trauma

☐ Burn

☐ Cardiac

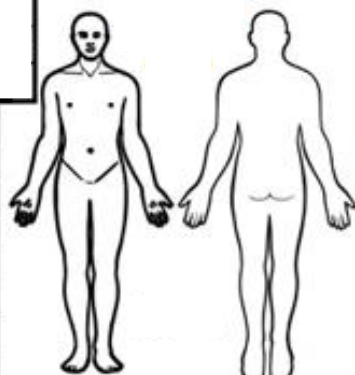
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	120/68	120	22

Chief Complaint

Large hematoma on forehead,
confused

Immediate

Clothing:

Navy travel jacket, white
blouse, dark jeans, brown
walking shoes

Player Instructions

Your name is:

Charlotte Whitmore

You're wearing:

Navy travel jacket, white blouse,
dark jeans, brown walking shoes

Breathing:

You are breathing faster than normal.

Circulation:

You are not actively bleeding

Mental Status:

Altered

Level of Consciousness:

Concious

Mobility:

Non-ambulatory

Acting Instructions:

You're confused and not sure what
happened

Loved One/Next of Kin

You're the Spouse of Charlotte Whitmore.

You last saw them on 10/6/2026 at 9:20:00 AM at Event Entrance.

You think they were wearing a Navy travel jacket, but you're not sure.

If asked, their general build is Average and complexion is Fair.

Their height is about 5 ft 7 in and weight around 148 lbs.

Their hair is Long and Red.

If asked, as best you can recall they have:

Scars - None

Tattoos - Small shamrock tattoo right ankle

Piercings - None

Birthmarks - Birthmark behind right knee

Moles - None

If asked, your contact information is:

Andrew Whitmore

You live at 18 Willow Crescent, Manchester England, United Kingdom 0.

Home Tel: 1615556000

Cell Tel: 77005556000

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-011** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Red**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Small shamrock tattoo right ankle**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Navy travel jacket, white blouse, dark jeans, brown walking shoes**

Jewelry Description: **Ring, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Charlotte Whitmore

They are 40 years old

They are White

They were born in Manchester, England, UK

They are a UK citizen

They are Married

They live at 18 Willow Crescent, Manchester ENG 0 UK

Their significant other is Andrew Whitmore

Their father is Peter Whitmore

Their mother is Susan Whitmore

They were reported missing by their Spouse, Andrew Whitmore

They're wearing Navy travel jacket, white blouse, dark jeans, brown walking shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Whitmore

Charlotte

Anne

Last Name	Suffix	First Name	Middle Name	Maiden Name
Female	5/17/1986	White	40	
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#
18 Willow Crescent		Manchester	ENG	0
Street Address	Apt #	City	State	Zip/Post Code
Romiley	UK	Manchester	England, UK	
County	Country	Birth City	Birth State & Country	
UK	Anglican	Charlie		
Citizenship	Religious Preference	Also Known As/Alias		
charlotte.whitmore.e	1615551011	7705551011		
Email Address	Home Tel	Cell Tel	Cell Provider	

Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino

General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy

Height/Height Range: 5 ft 7 in Ft/ins / cms Weight/Weight Range: 148 lbs Lbs. / kilos

Hair Color: Red ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____

Hair Length: Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____

Facial Hair: None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip
☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____

Eyes: Green ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____
Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses
☐ Corneal Implant ☐ None

Fingernails: Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Clear
Design: None Jewelry: None
☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium

Physical Identifiers: ☐ Dental Braces No ☐ Birthmark: Birthmark behind right knee ☐ Mole: None
☐ Piercing: None
☐ Tattoo: Small shamrock tattoo right ankle
☐ Medical Device: None
☐ Scars: None

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Healthcare

Usual Occupation/Title: Medical Researcher

Employer: Northwest Research Institute Employer Phone #: 1615554000

Employer Address: Oxford Road Manchester England Country: United Kingdom

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **Yes** Group Type: **Tour Group** Group Name: **Southern States Heritage Tour**
Date last seen: **10/6/2026** Last seen by :**Andrew Whitmore** Relationship to person: **Spouse**
Last seen where (town/city): **Event Entrance** Time last seen: **9:20:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **charlotte.whitmore40** Other:

Twitter: ☐ Yes ☐ No Profile Name: Profile Name:

Snaphcat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: **charlotte_travels** Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **charlotte-whitmore40**

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Navy travel jacket			
White blouse			
Dark jeans			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Ring	Silver	Blue Sapphire	Medium	Right Hand
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Married**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Whitmore

Andrew

James

Last Name

Suffix

First Name

Middle Name

Maiden Name

8/3/2012

Manchester,

Wedding Date

Wedding Location (Country)

andrew.whitmore.exercise@example.c

1615556000

77005556000

Email Address

Home Tel

Cell Tel

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown

Whitmore

Peter

James

Last Name

First Name

Middle Name

peter.whitmore.exercise@example.co

1615552000

77005552000

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Whitmore

Susan

Claire

Last Name

First Name

Middle Name

susan.whitmore.exercise@example.co

1615553000

77005553000

Email Address

Home Tel

Cell Tel

Reporting Person:

Whitmore

Andrew

James

Last Name

Suffix

First Name

Middle Name

18 Willow Crescent

Manchester

England, United

0

Street Address

Apt #

City

State/Country

Zip/Post Code

andrew.whitmore.exercise@example.

1615556000

77005556000

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: **Spouse**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0012

Destination

T0012

TRIAGE TAG

T0012

S☐
L☐
U☐
D☐
G☐
E☐
M☐

Age: 32

☐ Trauma

☐ Burn

☐ Cardiac

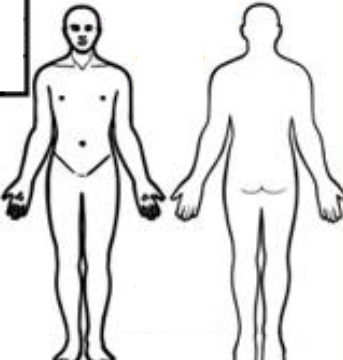
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS			
Time	B/P	Pulse	Respiration
	100/74	102	13

Chief Complaint

Just had a grand mal seizure

Delayed

Clothing:

White linen blouse, blue jeans, tan sandals

T0012

Player Instructions

Your name is:
Sofia Ramirez

You're wearing:
White linen blouse, blue jeans, tan sandals

Breathing:

You are breathing slower than normal

Circulation:

You are not actively bleeding

Mental Status:

Altered

Level of Consciousness:

Concious

Mobility:

Non-ambulatory

Acting Instructions:

You're tired and not sure where you are

Loved One/Next of Kin

You're the Brother of Sofia Ramirez.

You last saw them on 10/6/2026 at 9:24:00 AM at Ticket Booth Area.

You think they were wearing a White linen blouse, but you're not sure.

If asked, their general build is Athletic and complexion is Olive.

Their height is about 5 ft 4 in and weight around 128 lbs.

Their hair is Long and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - Rose and butterfly tattoo left shoulder

Piercings - Gold navel piercing

Birthmarks - None

Moles - None

If asked, your contact information is:

Miguel Ramirez

You live at 145 Avenida del Sol, Monterrey Nuevo Leon, Mexico 64000.

Home Tel: 52815553012

Cell Tel: 52815553112

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-012** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Hispanic**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Rose and butterfly tattoo left shoulder**

☐ Scars: **None**

☐ Piercings: **Gold navel piercing**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **White linen blouse, blue jeans, tan sandals**

Jewelry Description: **Charm Bracelet, Pendant Necklace, Birthstone Ring**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Sofia Ramirez

They are 32 years old

They are Hispanic

They were born in Monterrey, Nuevo Leon, Mexico

They are a Mexico citizen

They are Single

They live at 145 Avenida del Sol, Monterrey NL 64000 Mexico

Their significant other is

Their father is Carlos Ramirez

Their mother is Ana Ramirez

They were reported missing by their Brother, Miguel Ramirez

They're wearing White linen blouse, blue jeans, tan sandals

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Ramirez		Sofia		Elena	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	9/14/1994	Hispanic	32		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
145 Avenida del Sol			Monterrey	NL	64000
Street Address		Apt #	City	State	Zip/Post Code
Nuevo Leon		Mexico	Monterrey	Nuevo Leon,	
County	Country	Birth City		Birth State & Country	
Mexico	Catholic	Sofi			
Citizenship	Religious Preference	Also Known As/Alias			
sofia.ramirez.exercis	528155512012	528155513012			
Email Address	Home Tel	Cell Tel		Cell Provider	
Complexion: Olive ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 4 in Ft/ins / cms Weight/Weight Range: 128 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Clear Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: Gold navel piercing ☐ Tattoo: Rose and butterfly tattoo left shoulder ☐ Medical Device: None ☐ Scars: None				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Hospitality**

Usual Occupation/Title: **Hotel Manager**

Employer: **Monterrey Grand Hotel** Employer Phone #: **52815554012**

Employer Address: **145 Avenida del Sol Monterrey NL** Country: **Mexico**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **Yes** Group Type: **Tour Group** Group Name: **Southern States Tour**
Date last seen: **10/6/2026** Last seen by :**Miguel Ramirez** Relationship to person: **Brother**
Last seen where (town/city): **Ticket Booth Area** Time last seen: **9:24:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **sofia.ramirez32**Other:

Twitter: ☐ Yes ☐ No Profile Name: **sofiaramirez32**Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: **sofia_abroad**Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name:

Instagram: ☐ Yes ☐ No Profile Name: **sofia_r32**

Military Service (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
White linen blouse			
Blue jeans			
Tan sandals			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Analogue Wristwatch** Make: **Seiko** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Metal** Band Color: **Silver** Face Color: **White** Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Charm Bracelet	Silver	Blue	Medium	Right Wrist
Jewelry 1	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Pendant Necklace	Silver	None	Small	Neck
Jewelry 2	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Birthstone Ring	Silver	Peridot	Small	Right Hand
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Single**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name	Suffix	First Name	Middle Name	Maiden Name
Wedding Date		Wedding Location (Country)		
Email Address	Home Tel	Cell Tel		

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown	Ramirez	Carlos	Miguel
	Last Name	First Name	Middle Name
carlos.ramirez.exercise@example.com	52815552012	52815552112	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Ramirez	Ana	Lucia
Living	Last Name	First Name	Middle Name
ana.ramirez.exercise@example.com	52815552212	52815552312	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Ramirez	Miguel	Andres
Last Name	Suffix First Name	Middle Name
145 Avenida del Sol	Monterrey	Nuevo Leon, 64000
Street Address	Apt # City	State/Country Zip/Post Code
miguel.ramirez.exercise@example.co	52815553012	52815553112
Email Address	Home Tel	Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin
☐ Employer ☐ Friend ☐ Other: **Brother**

STAFF ONLY:

Patient in Epic:	☐ Yes ☐ No	MRN/CSN: _____
Checked By: _____	Employee ID: _____	
Date/Time Checked: _____	Verified by: _____	

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CONTAMINATED

Property Receipt

T0013

Destination

T0013

**TRIAGE
TAG**

T0013

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 48

Trauma

Burn

Cardiac

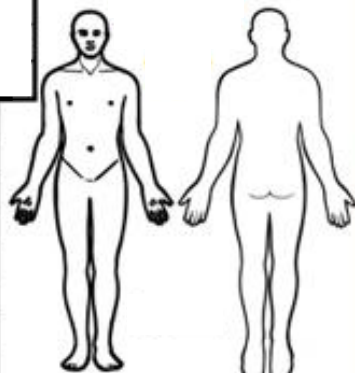
Crush

Fracture

Laceration

Penetrating

Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	108/62	100	12

Chief Complaint

Fractured pelvis due to feet on the dashboard of a vehicle during a crash

Delayed

Clothing:

Construction vest, gray work shirt, work pants, steel-toe boots

Player Instructions

Your name is:

Robert Murphy

You're wearing:

Construction vest, gray work shirt, work pants, steel-toe boots

Breathing:

You are breathing slower than normal

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Non-ambulatory

Acting Instructions:

You're screaming from a broken pelvis!

Loved One/Next of Kin

You're the Spouse of Robert Murphy.

You last saw them on 10/6/2026 at 9:29:00 AM at West Parking Area.

You think they were wearing a Construction vest, but you're not sure.

If asked, their general build is Stocky and complexion is Fair.

Their height is about 6 ft 2 in and weight around 235 lbs.

Their hair is Short and Brown.

If asked, as best you can recall they have:

Scars - Forearm surgery scar

Tattoos - Anchor tattoo right calf

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Paul Murphy

You live at 420 Riverbend Road, Temple Georgia, USA 30179.

Home Tel: 7705553013

Cell Tel: 7705553113

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-013** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Brown**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Anchor tattoo right calf**

☐ Scars: **Forearm surgery scar**

☐ Piercings: **None**

☐ Glasses **Yes** ☐ Beard **Full beard** ☐ Mustache **No**

Clothing Description: **Construction vest, gray work shirt, work pants, steel-toe boots**

Jewelry Description: **Wedding Band, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Robert Murphy

They are 48 years old

They are White

They were born in Marietta, Georgia, USA

They are a United States citizen

They are Married

They live at 420 Riverbend Road, Temple GA 30179 USA

Their Spouse is Paul Murphy

Their father is William Murphy

Their mother is Patricia Murphy

They were reported missing by their Spouse, Paul Murphy

They're wearing Construction vest, gray work shirt, work pants, steel-toe boots

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

<u>Murphy</u>		<u>Robert</u>	<u>Allen</u>	
Last Name	Suffix	First Name	Middle Name	Maiden Name
<u>Male</u>	<u>2/11/1978</u>	<u>White</u>	<u>48</u>	
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#
<u>420 Riverbend Road</u>		<u>Temple</u>	<u>GA</u>	<u>30179</u>
Street Address	Apt #	City	State	Zip/Post Code
<u>Carroll</u>	<u>USA</u>	<u>Marietta</u>	<u>Georgia, USA</u>	
County	Country	Birth City	Birth State & Country	
<u>United States</u>	<u>Christian</u>	<u>Rob</u>		
Citizenship	Religious Preference	Also Known As/Alias		
<u>robert.murphy.exerc</u>	<u>7705551013</u>	<u>7705551113</u>		
Email Address	Home Tel	Cell Tel	Cell Provider	
Complexion: <u>Fair</u> ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino				
General Build: <u>Stocky</u> ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy				
Height/Height Range: <u>6 ft 2 in</u> Ft/ins / cms Weight/Weight Range: <u>235 lbs</u> Lbs. / kilos				
Hair Color	<u>Brown</u> ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____			
Hair Length	<u>Short</u> ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____			
Facial Hair	<u>Beard</u> ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____			
Eyes	<u>Hazel</u> ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ <u>Glasses</u> ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None			
Fingernails	<u>Natural</u> ☐ Natural ☐ Artificial ☐ Unknown Color: <u>Natural</u> Design: <u>None</u> Jewelry: <u>None</u> ☐ Extremely Long ☐ Long ☐ Medium ☐ Short <u>Short</u>			
Physical Identifiers	☐ Dental Braces <u>No</u> ☐ Birthmark: <u>None</u> ☐ Mole: <u>None</u> ☐ Piercing: <u>None</u> ☐ Tattoo: <u>Anchor tattoo right calf</u> ☐ Medical Device: <u>None</u> ☐ Scars: <u>Forearm surgery scar</u>			

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Construction

Usual Occupation/Title: Site Supervisor

Employer: West Georgia Builders Employer Phone #: 7705554013

Employer Address: 300 Industrial Park Drive Temple GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Paul Murphy** Relationship to person: **Spouse**
Last seen where (town/city): **West Parking Area** Time last seen: **9:29:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **robert.murphy48** _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: **robmurphy48** _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: **robert-murphy48** _____

Instagram:☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **Yes** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Shoulder Repair _____
Old Fractures: ☐ Yes ☐ No Description: **Yes** _____

Clothing:

Item	Color / Pattern	Description	Size
Construction vest			
Gray work shirt			
Steel-toe boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Smart Watch** Make: **Apple Watch Series 9** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Silicone** Band Color: **Silver** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Wedding Band	Black	None	Medium	Left Ring Finger
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Married**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Murphy

Paul

James

Last Name

Suffix

First Name

Middle Name

Maiden Name

5/21/2003

Marietta, GA

Wedding Date

Wedding Location (Country)

paul.murphy.exercise@example.co

7705553013

7705553113

Email Address

Home Tel

Cell Tel

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown

Murphy

William

James

Last Name

First Name

Middle Name

william.murphy.exercise@example.co

7705552013

7705552113

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Murphy

Patricia

Ann

Last Name

First Name

Middle Name

patricia.murphy.exercise@example.co

7705552213

7705552313

Email Address

Home Tel

Cell Tel

Reporting Person:

Murphy

Paul

James

Last Name

Suffix

First Name

Middle Name

420 Riverbend Road

Temple

Georgia, USA

30179

Street Address

Apt #

City

State/Country

Zip/Post Code

paul.murphy.exercise@example.co

7705553013

7705553113

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: **Spouse**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

T0014

Property Receipt

T0014

Destination

T0014

**TRIAGE
TAG**

T0014

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 34

☐ Trauma

☐ Burn

☐ Cardiac

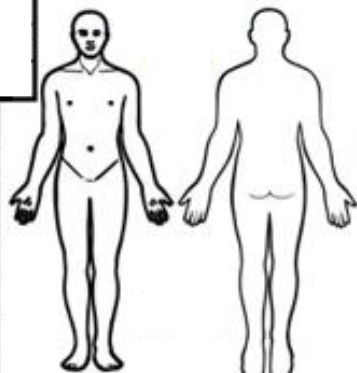
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	102/64	70	30

Chief Complaint

Wheezing and coughing

Delayed

Clothing:

Green nursing scrubs, white athletic shoes

Player Instructions

Your name is:

Emily Patterson

You're wearing:

Green nursing scrubs, white athletic shoes

Breathing:

You are breathing faster than normal

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You're struggling for breath and coughing

Loved One/Next of Kin

You're the Spouse of Emily Patterson.

You last saw them on 10/6/2026 at 9:40:00 AM at Volunteer Registration Area.

You think they were wearing a Green nursing scrubs, but you're not sure.

If asked, their general build is Average and complexion is Fair.

Their height is about 5 ft 7 in and weight around 142 lbs.

Their hair is Long and Blonde.

If asked, as best you can recall they have:

Scars - Appendectomy scar

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Jacob Patterson

You live at 87 Meadow Lane, Bremen Georgia, USA 30110.

Home Tel: 7705553014

Cell Tel: 7705553114

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-014** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Blonde**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **Appendectomy scar**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Green nursing scrubs, white athletic shoes**

Jewelry Description: **Stud Earrings, Wedding Band, Pearl Earrings**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Emily Patterson

They are 35 years old

They are White

They were born in Rome, Georgia, USA

They are a United States citizen

They are Married

They live at 87 Meadow Lane, Bremen GA 30110 USA

Their significant other is Jacob Patterson

Their father is David Patterson

Their mother is Susan Patterson

They were reported missing by their Spouse, Jacob Patterson

They're wearing Green nursing scrubs, white athletic shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Patterson		Emily		Grace	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	12/8/1991	White	35		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
87 Meadow Lane			Bremen	GA	30110
Street Address		Apt #	City	State	Zip/Post Code
Haralson		USA	Rome	Georgia, USA	
County		Country	Birth City	Birth State & Country	
United States		Christian	Em		
Citizenship		Religious Preference	Also Known As/Alias		
emily.patterson.exer		7705551014	7705551114		
Email Address		Home Tel	Cell Tel		Cell Provider
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 7 in Ft/ins / cms Weight/Weight Range: 142 lbs Lbs. / kilos					
Hair Color	Blonde ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Blue ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: Appendectomy scar				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Healthcare**

Usual Occupation/Title: **Registered Nurse**

Employer: **Community Care Clinic** Employer Phone #: **7705554014**

Employer Address: **88 Highway 27 Bremen GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Jacob Patterson** Relationship to person: **Spouse**
Last seen where (town/city): **Volunteer Registration Area** Time last seen: **9:40:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **emily.patterson35** _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: **emilywellness** _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: **emily-patterson35** _____

Instagram: ☐ Yes ☐ No Profile Name: **emily_g_p** _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Appendectomy _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Green nursing scrubs			
White athletic shoes			
Gray zip jacket			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Digital Wristwatch** Make: **Casio G-Shock** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Resin** Band Color: **Black** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Stud Earrings	Silver	None	Small	Both Ears
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Wedding Band	Silver	None	Medium	Left Ring Finger
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Pearl Earrings	White	None	Small	Both Ears
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Patterson		Jacob	Thomas	Reed
Last Name	Suffix	First Name	Middle Name	Maiden Name
6/14/2016		Rome, GA		
Wedding Date	Wedding Location (Country)			
jacob.patterson.exercise@example.co	7705553014	7705553114		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Patterson	David	Lee
Last Name	First Name	Middle Name
david.patterson.exercise@example.co	7705552014	7705552114
Email Address	Home Tel	Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Living

Patterson	Susan	Marie
Last Name	First Name	Middle Name
susan.patterson.exercise@example.co	7705552214	7705552314
Email Address	Home Tel	Cell Tel

Reporting Person:

Patterson		Jacob	Thomas	
Last Name	Suffix	First Name	Middle Name	
87 Meadow Lane		Bremen	Georgia, USA	30110
Street Address	Apt #	City	State/Country	Zip/Post Code
jacob.patterson.exercise@example.co	7705553014	7705553114		
Email Address	Home Tel	Cell Tel		

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

T0015

Property Receipt

T0015

Destination

T0015

**TRIAGE
TAG**

T0015

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 39

☐ Trauma

☐ Burn

☐ Cardiac

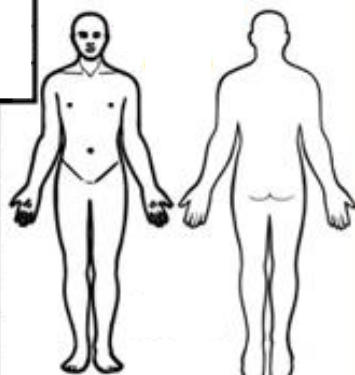
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	90/58	128	36

Chief Complaint

Difficulty breathing, burns around nose and mouth

Immediate

Clothing:

Navy polo shirt, khaki cargo pants, black work boots

Player Instructions

Your name is:

Marcus Washington

You're wearing:

Navy polo shirt, khaki cargo pants, black work boots

Breathing:

Shallow

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Non-ambulatory

Acting Instructions:

You're having trouble catching your breath

Loved One/Next of Kin

You're the Spouse of Marcus Washington.

You last saw them on 10/6/2026 at 9:41:00 AM at North Gate.

You think they were wearing a Navy polo shirt, but you're not sure.

If asked, their general build is Athletic and complexion is Medium.

Their height is about 6 ft 0 in and weight around 198 lbs.

Their hair is Short and Black.

If asked, as best you can recall they have:

Scars - Scar left hand from prior injury

Tattoos - Cross tattoo right shoulder

Piercings - Left ear piercing

Birthmarks - None

Moles - None

If asked, your contact information is:

Danielle Washington

You live at 319 Oakmont Drive, Villa Rica Georgia, USA 30180.

Home Tel: 7705553015

Cell Tel: 7705553115

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-015** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Black**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Cross tattoo right shoulder**

☐ Scars: **Scar left hand from prior injury**

☐ Piercings: **Left ear piercing**

☐ Glasses **No** ☐ Beard **Goatee** ☐ Mustache **No**

Clothing Description: **Navy polo shirt, khaki cargo pants, black work boots**

Jewelry Description: **Class Ring, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Marcus Washington

They are 39 years old

They are Black

They were born in Atlanta, Georgia, USA

They are a United States citizen

They are Married

They live at 319 Oakmont Drive, Villa Rica GA 30180 USA

Their significant other is Danielle Washington

Their father is Samuel Washington

Their mother is Gloria Washington

They were reported missing by their Spouse, Danielle Washington

They're wearing Navy polo shirt, khaki cargo pants, black work boots

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Washington		Marcus		Elijah	
Last Name		Suffix	First Name		Middle Name
Maiden Name					
Male	3/22/1987	Black	39		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
319 Oakmont Drive			Villa Rica	GA	30180
Street Address		Apt #	City	State	Zip/Post Code
Carroll	USA	Atlanta	Georgia, USA		
County	Country	Birth City	Birth State & Country		
United States	Baptist	Marc			
Citizenship	Religious Preference	Also Known As/Alias			
marcus.washington.	7705551015	7705551115			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 6 ft 0 in Ft/ins / cms Weight/Weight Range: 198 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	Goatee ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____				
	Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: Left ear piercing ☐ Tattoo: Cross tattoo right shoulder ☐ Medical Device: None ☐ Scars: Scar left hand				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Public Safety

Usual Occupation/Title: Police Officer

Employer: City of Villa Rica Employer Phone #: 7705554015

Employer Address: 571 Main Street Villa Rica GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Danielle Washington** Relationship to person: **Spouse**
Last seen where (town/city): **North Gate** Time last seen: **9:41:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **marcus.washington39** _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: **marcusw39** _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: **marcus-washington39** _____

Instagram:☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **Yes** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Hand Reconstruction _____
Old Fractures: ☐ Yes ☐ No Description: **Yes** _____

Clothing:

Item	Color / Pattern	Description	Size
Navy polo shirt			
Khaki cargo pants			
Black work boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Smart Watch** Make: **Garmin Venu** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Silicone** Band Color: **Silver** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Class Ring	Black	None	Large	Right Hand
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: Class of 2005	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Married**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Washington

Danielle

Rose

Brown

Last Name

Suffix

First Name

Middle Name

Maiden Name

9/17/2010

Villa Rica, GA

Wedding Date

Wedding Location (Country)

danielle.washington.exercise@exampl

7705553015

7705553115

Email Address

Home Tel

Cell Tel

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown

Washington

Samuel

Ray

Last Name

First Name

Middle Name

samuel.washington.exercise@exampl

7705552015

7705552115

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Washington

Gloria

Mae

Last Name

First Name

Middle Name

gloria.washington.exercise@example.

7705552215

7705552315

Email Address

Home Tel

Cell Tel

Reporting Person:

Washington

Danielle

Rose

Last Name

Suffix

First Name

Middle Name

319 Oakmont Drive

Villa Rica

Georgia, USA

30180

Street Address

Apt #

City

State/Country

Zip/Post Code

danielle.washington.exercise@exampl

7705553015

7705553115

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: **Spouse**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0016

Destination

T0016

TRIAGE TAG

T0016

S☐
L☐
U☐
D☐
G☐
E☐
M☐

Age: 41

☐ Trauma

☐ Burn

☐ Cardiac

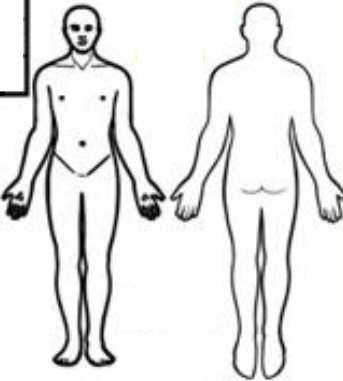
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
 ☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	96/64	110	24

Chief Complaint

Was in an overturned vehicle, contusion on face and chest

Immediate

Clothing:

Black yoga jacket, gray athletic leggings, white running shoes

T0016

Player Instructions

Your name is:

Abigail Bennett

You're wearing:

Black yoga jacket, gray athletic leggings, white running shoes

Breathing:

You are breathing faster than normal

Circulation:

Actively bleeding

Mental Status:

Cannot follow commands

Level of Consciousness:

Unconscious

Mobility:

Non-ambulatory

Acting Instructions:

You're unconscious and can't respond

Loved One/Next of Kin

You're the Spouse of Abigail Bennett.

You last saw them on 10/6/2026 at 9:44:00 AM at Food Vendor Row.

You think they were wearing a Black yoga jacket, but you're not sure.

If asked, their general build is Athletic and complexion is Fair.

Their height is about 5 ft 6 in and weight around 136 lbs.

Their hair is Long and Blonde.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - Cartilage ear piercing

Birthmarks - Birthmark right ankle

Moles - None

If asked, your contact information is:

Nathan Bennett

You live at 54 Brookstone Way, Bremen Georgia, USA 30110.

Home Tel: 7705553016

Cell Tel: 7705553116

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-016** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Blonde**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **Cartilage ear piercing**

☐ Glasses **Yes** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Black yoga jacket, gray athletic leggings, white running shoes**

Jewelry Description: **Wedding Band, , Saint Christopher Medal**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Abigail Bennett

They are 41 years old

They are White

They were born in Rome, Georgia, USA

They are a United States citizen

They are Married

They live at 54 Brookstone Way, Bremen GA 30110 USA

Their significant other is Nathan Bennett

Their father is Thomas Bennett

Their mother is Patricia Bennett

They were reported missing by their Spouse, Nathan Bennett

They're wearing Black yoga jacket, gray athletic leggings, white running shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Bennett		Abigail		Rose	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	8/9/1985	White	41		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
54 Brookstone Way			Bremen	GA	30110
Street Address		Apt #	City	State	Zip/Post Code
Haralson		USA	Rome	Georgia, USA	
County		Country	Birth City	Birth State & Country	
United States		Christian	Abby		
Citizenship		Religious Preference	Also Known As/Alias		
abigail.bennett.exerc		7705551016	7705551116		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 6 in Ft/ins / cms Weight/Weight Range: 136 lbs Lbs. / kilos					
Hair Color	Blonde ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Blue ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Contact Lenses ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Clear Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: Birthmark right ankle ☐ Mole: None ☐ Piercing: Cartilage ear piercing ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Education**

Usual Occupation/Title: **Elementary School Teacher**

Employer: **Haralson County Schools** Employer Phone #: **7705554016**

Employer Address: **101 Education Drive Bremen GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Nathan Bennett** Relationship to person: **Spouse**
Last seen where (town/city): **Food Vendor Row** Time last seen: **9:44:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **abigail.bennett41** Other:

Twitter: ☐ Yes ☐ No Profile Name: **abbyruns41** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: **abbysnap41** Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **abigail-bennett41**

Instagram: ☐ Yes ☐ No Profile Name: **abby_fitlife**

Military Service (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:

Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:

Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other:

Surgery: ☐ Yes ☐ No ☐ Unknown

☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy

☐ Laparotomy ☐ Caesarean ☐ Mastectomy

☐ Reconstructive ☐ Open Heart ☐ Other: None

Prosthetic: ☐ Yes ☐ No ☐ Unknown

Location: **No**

Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Black yoga jacket			
Gray athletic leggings			
White running shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown

Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription:

Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Wedding Band	Silver	None	Medium	Left Ring Finger
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Saint Christopher	Silver	None	Medium	Neck
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Bennett		Nathan	Michael	Hill
Last Name	Suffix	First Name	Middle Name	Maiden Name
8/8/2011		Bremen, GA		
Wedding Date	Wedding Location (Country)			
nathan.bennett.exercise@example.com	7705553016	7705553116		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Bennett	Thomas	Lee
Last Name	First Name	Middle Name
thomas.bennett.exercise@example.co	7705552016	7705552116
Email Address	Home Tel	Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Living

Bennett	Patricia	Jean
Last Name	First Name	Middle Name
patricia.bennett.exercise@example.co	7705552216	7705552316
Email Address	Home Tel	Cell Tel

Reporting Person:

Bennett		Nathan	Michael	
Last Name	Suffix	First Name	Middle Name	
54 Brookstone Way		Bremen	Georgia, USA	30110
Street Address	Apt #	City	State/Country	Zip/Post Code
nathan.bennett.exercise@example.co	7705553016	7705553116		
Email Address	Home Tel	Cell Tel		

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0017

Destination

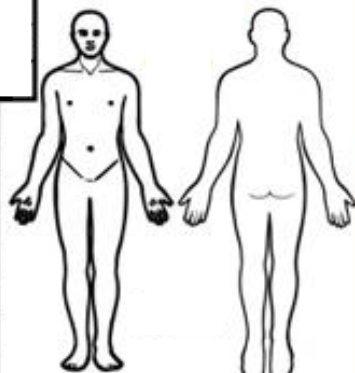
T0017

**TRIAGE
TAG**

T0017

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 17

☐ Trauma☐ Burn☐ Cardiac☐ Crush☐ Fracture☐ Laceration☐ Penetrating☐ Spinal☐ Male☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	88/54	132	34

Chief Complaint

Difficulty breathing. Legs and torso are burned

Immediate**Clothing:**

School band uniform, black dress shoes

Player Instructions**Your name is:**

Liam Foster

You're wearing:

School band uniform, black dress shoes

Breathing:

Shallow

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You can't breath properly. Your burns are extremely painful.

Loved One/Next of Kin

You're the Mother of Liam Foster.

You last saw them on 10/6/2026 at 9:47:00 AM at Band Staging Area.

You think they were wearing a Band uniform jacket, but you're not sure.

If asked, their general build is Slim and complexion is Fair.

Their height is about 5 ft 11 in and weight around 160 lbs.

Their hair is Medium and Brown.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Karen Foster

You live at 228 Deer Run Lane, Carrollton Georgia, USA 30117.

Home Tel: 7705553017

Cell Tel: 7705553117

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-017** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Teen**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Brown**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **School band uniform, black dress shoes**

Jewelry Description: **Class Ring, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Liam Foster

They are 17 years old

They are White

They were born in Carrollton, Georgia, USA

They are a United States citizen

They are Single

They live at 228 Deer Run Lane, Carrollton GA 30117 USA

Their significant other is

Their father is Daniel Foster

Their mother is Karen Foster

They were reported missing by their Mother, Karen Foster

They're wearing School band uniform, black dress shoes

They are Student

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Foster		Liam		Alexander	
Last Name	Suffix	First Name	Middle Name	Maiden Name	
Male	10/3/2009	White	17		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
228 Deer Run Lane		Carrollton	GA	30117	
Street Address	Apt #	City	State	Zip/Post Code	
Carroll	USA	Carrollton	Georgia, USA		
County	Country	Birth City	Birth State & Country		
United States	Christian	Liam			
Citizenship	Religious Preference	Also Known As/Alias			
liam.foster.exercise	7705551017	7705551117			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Slim ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 11 in Ft/ins / cms Weight/Weight Range: 160 lbs Lbs. / kilos					
Hair Color	Brown ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Medium ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Green ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: Student ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Education

Usual Occupation/Title: High School Student

Employer: N/A Employer Phone #: N/A

Employer Address: N/A Country: N/A

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Karen Foster** Relationship to person: **Mother**
Last seen where (town/city): **Band Staging Area** Time last seen: **9:47:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **liam.foster17** _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: _____

Instagram: ☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Band uniform jacket			
Black dress pants			
Black dress shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: _____ Make: _____ Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: _____ Band Color: _____ Face Color: _____ Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription: _____
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Class Ring	Gold	None	Medium	Right Hand
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: CHS	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription: _____	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3Material ColorStone ColorSizeWhere Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Single

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last NameSuffixFirst NameMiddle NameMaiden Name

Wedding DateWedding Location (Country)

Email AddressHome TelCell Tel

Parents: Living

Father: ☐ Living ☐ Deceased ☐ UnknownFosterDanielWayne

Last NameFirst NameMiddle Name

daniel.foster.exercise@example.com77055520177705552117

Email AddressHome TelCell Tel

Mother: ☐ Living ☐ Deceased ☐ UnknownLivingFosterKarenElizabeth

Last NameFirst NameMiddle Name

karen.foster.exercise@example.com77055522177705552317

Email AddressHome TelCell Tel

Reporting Person:

FosterKarenElizabeth

Last NameSuffixFirst NameMiddle Name

228 Deer Run LaneCarrolltonGeorgia, USA30117

Street AddressApt #CityState/CountryZip/Post Code

karen.foster.exercise@example.com77055530177705553117

Email AddressHome TelCell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Mother

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ NoMRN/CSN:

Checked By: Employee ID:

Date/Time Checked: Verified by:

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CONTAMINATED

Property Receipt

T0019

Destination

T0019

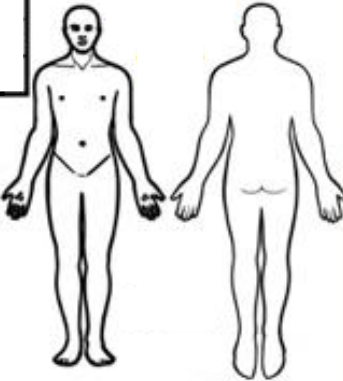
TRIAGE TAG

T0019

S☐
L☐
U☐
D☐
G☐
E☐
M☐

Age: 42

Trauma
Burn
Cardiac
Crush
Fracture
Laceration
Penetrating
Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	115/70	106	28

Chief Complaint
Legs and arms are burned

Delayed

Clothing:
Golf polo, khaki shorts, white golf shoes

T0019

Player Instructions

Your name is:
Tyler Reynolds

You're wearing:
Golf polo, khaki shorts, white golf shoes

Breathing:

You are breathing faster than normal

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You can't walk without help. Your burns are very painful.

Loved One/Next of Kin

You're the Spouse of Tyler Reynolds.

You last saw them on 10/6/2026 at 9:53:00 AM at Practice Green.

You think they were wearing a Golf polo, but you're not sure.

If asked, their general build is Athletic and complexion is Fair.

Their height is about 6 ft 1 in and weight around 188 lbs.

Their hair is Short and Blonde.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Lauren Reynolds

You live at 103 Fairway Drive, Carrollton Georgia, USA 30117.

Home Tel: 7705553019

Cell Tel: 7705553119

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-019** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Blonde**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **None** ☐ Mustache **None**

Clothing Description: **Golf polo, khaki shorts, white golf shoes**

Jewelry Description: **, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Tyler Reynolds

They are 42 years old

They are White

They were born in Augusta, Georgia, USA

They are a United States citizen

They are Married

They live at 103 Fairway Drive, Carrollton GA 30117 USA

Their significant other is Lauren Reynolds

Their father is Andrew Reynolds

Their mother is Deborah Reynolds

They were reported missing by their Spouse, Lauren Reynolds

They're wearing Golf polo, khaki shorts, white golf shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian ☐ Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Reynolds		Tyler		Scott	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	8/22/1984	White	42		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
103 Fairway Drive			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Augusta	Georgia, USA	
County		Country	Birth City	Birth State & Country	
United States		Christian	Ty		
Citizenship		Religious Preference	Also Known As/Alias		
tyler.reynolds.exerci		7705551019	7705551119		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 6 ft 1 in Ft/ins / cms Weight/Weight Range: 188 lbs Lbs. / kilos					
Hair Color	Blonde ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Blue ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Finance

Usual Occupation/Title: Financial Advisor

Employer: Peachtree Investments Employer Phone #: 7705554019

Employer Address: 220 Bank Street Carrollton GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Lauren Reynolds** Relationship to person: **Spouse**
Last seen where (town/city): **Practice Green** Time last seen: **9:53:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **tyler.reynolds42** Other:

Twitter: ☐ Yes ☐ No Profile Name: **tygolf42** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **tyler-reynolds42**

Instagram:☐ Yes ☐ No Profile Name: **tyler_golf**

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:

Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:

Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other:

Surgery: ☐ Yes ☐ No ☐ Unknown

☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy

☐ Laparotomy ☐ Caesarean ☐ Mastectomy

☐ Reconstructive ☐ Open Heart ☐ Other: None

Prosthetic: ☐ Yes ☐ No ☐ Unknown

Location: **No**

Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Golf polo			
Khaki shorts			
White golf shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown

Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription:

Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **No**

Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown				

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown				

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Reynolds		Lauren	Elizabeth	Taylor
Last Name	Suffix	First Name	Middle Name	Maiden Name
9/23/2009		Carrollton, GA		
Wedding Date	Wedding Location (Country)			
lauren.reynolds.exercise@example.co	7705553019	7705553119		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Reynolds		Andrew	Paul
Last Name		First Name	Middle Name
andrew.reynolds.exercise@example.c	7705552019	7705552119	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown

Living

Reynolds		Deborah	Jean
Last Name		First Name	Middle Name
deborah.reynolds.exercise@example.c	7705552219	7705552319	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Reynolds		Lauren	Elizabeth	
Last Name	Suffix	First Name	Middle Name	
103 Fairway Drive		Carrollton	Georgia, USA	30117
Street Address	Apt #	City	State/Country	Zip/Post Code
lauren.reynolds.exercise@example.co	7705553019	7705553119		
Email Address	Home Tel	Cell Tel		

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0020

Destination

T0020

TRIAGE
TAG

T0020

S
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M
☐

Age: 37

☐ Trauma

☐ Burn

☐ Cardiac

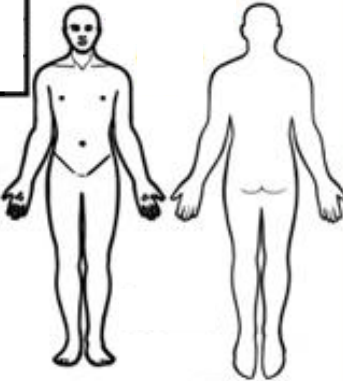
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	118/74	104	22

Chief Complaint

Upper arm laceration, bruising on chest,

Delayed

Clothing:

Black leather jacket, dark jeans, riding boots

T0020

Player Instructions

Your name is:
Megan Donovan

You're wearing:
Black leather jacket, dark jeans,
riding boots

Breathing:

You are breathing faster than normal

Circulation:

You are actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You're struggling for breath

Loved One/Next of Kin

You're the Spouse of Megan Donovan.

You last saw them on 10/6/2026 at 9:55:00 AM at Parking Lot C.

You think they were wearing a Black leather jacket, but you're not sure.

If asked, their general build is Average and complexion is Fair.

Their height is about 5 ft 8 in and weight around 145 lbs.

Their hair is Long and Red.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - Bilateral nipple piercings

Birthmarks - None

Moles - None

If asked, your contact information is:

Patrick Donovan

You live at 455 Timber Ridge Road, Bowdon Georgia, USA 30108.

Home Tel: 7705553020

Cell Tel: 7705553120

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-020** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Red**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **Bilateral nipple piercings**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Black leather jacket, dark jeans, riding boots**

Jewelry Description: **Skull Ring, , College Alumni Pin**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Megan Donovan

They are 37 years old

They are White

They were born in Knoxville, Tennessee, USA

They are a United States citizen

They are Married

They live at 455 Timber Ridge Road, Bowdon GA 30108 USA

Their significant other is Patrick Donovan

Their father is Thomas Donovan

Their mother is Catherine Donovan

They were reported missing by their Spouse, Patrick Donovan

They're wearing Black leather jacket, dark jeans, riding boots

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Donovan		Megan		Claire	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	6/11/1989	White	37		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
455 Timber Ridge Road			Bowdon	GA	30108
Street Address		Apt #	City	State	Zip/Post Code
Carroll	USA	Knoxville	Tennessee, USA		
County	Country	Birth City	Birth State & Country		
United States	Catholic	Meg			
Citizenship	Religious Preference	Also Known As/Alias			
megan.donovan.exer	7705551020	7705551120			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 8 in Ft/ins / cms Weight/Weight Range: 145 lbs Lbs. / kilos					
Hair Color	Red ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Green ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Black Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Long				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: Bilateral nipple piercings ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Transportation

Usual Occupation/Title: Motorcycle Tour Guide

Employer: Freedom Riding Adventures Employer Phone #: 7705554020

Employer Address: 455 Timber Ridge Road Bowdon GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Patrick Donovan** Relationship to person: **Spouse**
Last seen where (town/city): **Parking Lot C** Time last seen: **9:55:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **megan.donovan37** Other: _____
Twitter: ☐ Yes ☐ No Profile Name: **megdonovan37** Profile Name: _____
Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown
YouTube: ☐ Yes ☐ No Profile Name: **ridefree37** Website Name: _____
LinkedIn: ☐ Yes ☐ No Profile Name: _____
Instagram: ☐ Yes ☐ No Profile Name: **meg_donovan** _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Black leather jacket			
Dark jeans			
Brown riding boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Analogue Wristwatch** Make: **Rolex Datejust** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Metal** Band Color: **Gold** Face Color: **Champagne** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription: **Forever Yours**
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Skull Ring	Silver	None	Large	Right Hand
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

College Alumni Pin	Gold	None	Small	Jacket Lapel
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Donovan		Patrick	Sean	Miller
Last Name	Suffix	First Name	Middle Name	Maiden Name
5/15/2015	Bowdon, GA			
Wedding Date	Wedding Location (Country)			
patrick.donovan.exercise@example.co	7705553020	7705553120		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown	Donovan	Thomas	Patrick
	Last Name	First Name	Middle Name
thomas.donovan.exercise@example.c	7705552020	7705552120	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Donovan	Catherine	Rose
Living	Last Name	First Name	Middle Name
catherine.donovan.exercise@example.	7705552220	7705552320	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Donovan		Patrick	Sean
Last Name	Suffix	First Name	Middle Name
455 Timber Ridge Road		Bowdon	Georgia, USA
Street Address	Apt #	City	State/Country
patrick.donovan.exercise@example.co	7705553020	7705553120	30108
Email Address	Home Tel	Cell Tel	Zip/Post Code

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0021

Destination

T0021

TRIAGE
TAG

T0021

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 77

☐ Trauma

☐ Burn

☐ Cardiac

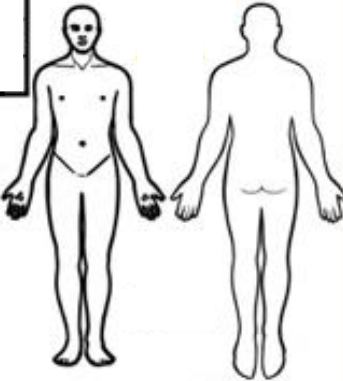
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	134/92	67	12

Chief Complaint

 Burns on arms and hands

Delayed

Clothing:
 Brown cardigan, tan slacks,
 loafers

T0021

Player Instructions

Your name is:
Harold Price

You're wearing:
Brown cardigan, tan slacks, loafers

Breathing:

You are breathing slower than normal

Circulation:

You are not actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You're in lots of pain.

Loved One/Next of Kin

You're the Spouse of Harold Price.

You last saw them on 10/6/2026 at 9:58:00 AM at Main Walkway.

You think they were wearing a Brown cardigan, but you're not sure.

If asked, their general build is Average and complexion is Fair.

Their height is about 5 ft 9 in and weight around 174 lbs.

Their hair is Short and Gray.

If asked, as best you can recall they have:

Scars - Right hip replacement scar

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Susan Price

You live at 22 Heritage Lane, Carrollton Georgia, USA 30117.

Home Tel: 7705553021

Cell Tel: 7705553121

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-021** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Senior**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Gray**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **Right hip replacement scar**

☐ Piercings: **None**

☐ Glasses **Yes** ☐ Beard **None** ☐ Mustache **Mustache**

Clothing Description: **Brown cardigan, tan slacks, loafers**

Jewelry Description: **Wedding Band, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Harold Price

They are 78 years old

They are White

They were born in Macon, Georgia, USA

They are a United States citizen

They are Married

They live at 22 Heritage Lane, Carrollton GA 30117 USA

Their significant other is Susan Price

Their father is George Price

Their mother is Helen Price

They were reported missing by their Spouse, Susan Price

They're wearing Brown cardigan, tan slacks, loafers

They are Retired

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Price		Harold		Eugene	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	11/9/1948	White	78		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
22 Heritage Lane			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll	USA	Macon	Georgia, USA		
County	Country	Birth City	Birth State & Country		
United States	Methodist	Hal			
Citizenship	Religious Preference	Also Known As/Alias			
harold.price.exercise	7705551021	7705551121			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 9 in Ft/ins / cms Weight/Weight Range: 174 lbs Lbs. / kilos					
Hair Color	Gray ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	Mustache ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Glasses ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: Right hearing aid ☐ Scars: Right hip replacement scar				

Employment: Retired ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Retired

Usual Occupation/Title: Retired

Employer: N/A Employer Phone #: N/A

Employer Address: N/A Country: N/A

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Susan Price** Relationship to person: **Spouse**
Last seen where (town/city): **Main Walkway** Time last seen: **9:58:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **harold.price78** Other: _____

Twitter: ☐ Yes ☐ No Profile Name: _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: _____

Instagram:☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **Yes** Country Served: _____ Branch: _____ Service #: _____

Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____

Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other: _____

Surgery: ☐ Yes ☐ No ☐ Unknown ☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy ☐ Laparotomy ☐ Caesarean ☐ Mastectomy ☐ Reconstructive ☐ Open Heart ☐ Other: Hip Replacement

Prosthetic: ☐ Yes ☐ No ☐ Unknown Location: **No** _____

Old Fractures: ☐ Yes ☐ No Description: **Yes** _____

Clothing:

Item	Color / Pattern	Description	Size
Brown cardigan			
Tan slacks			
Brown loafers			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Smart Watch** Make: **Garmin Instinct** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**

Band Material: **Silicone** Band Color: **Black** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription: _____

Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Wedding Band	Gold	None	Medium	Left Ring Finger
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: _____	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription: _____	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3Material ColorStone ColorSizeWhere Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Price		Susan	Anne	Williams
Last Name	Suffix	First Name	Middle Name	Maiden Name
6/30/1972		Macon, GA		
Wedding Date	Wedding Location (Country)			
susan.price.exercise@example.com	7705553021	7705553121		
Email Address	Home Tel	Cell Tel		

Parents: Deceased

Father: ☐ Living ☐ Deceased ☐ Unknown

Price	George	Allen
Last Name	First Name	Middle Name
N/A	N/A	N/A
Email Address	Home Tel	Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Deceased

Price	Helen	Marie
Last Name	First Name	Middle Name
N/A	0	0
Email Address	Home Tel	Cell Tel

Reporting Person:

Price	Susan	Anne		
Last Name	Suffix	First Name	Middle Name	
22 Heritage Lane		Carrollton	Georgia, USA	30117
Street Address	Apt #	City	State/Country	Zip/Post Code
susan.price.exercise@example.com	7705553021	7705553121		
Email Address	Home Tel	Cell Tel		

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ NoMRN/CSN:

Checked By: Employee ID:

Date/Time Checked: Verified by:

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CONTAMINATED

Property Receipt

T0022

Destination

T0022

TRIAGE TAG

T0022

S☐
L☐
U☐
D☐
G☐
E☐
M☐

Age: 30

☐ Trauma

☐ Burn

☐ Cardiac

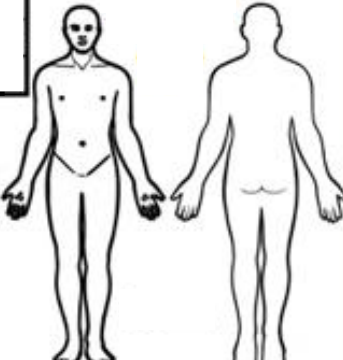
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	132/87	103	18

Chief Complaint
Multiple lacerations on face, neck, and arms. Disoriented and mumbling

Delayed

Clothing:
Floral sundress, white sandals

T0022

Player Instructions

Your name is:

Jasmine Katoa

You're wearing:

Floral sundress, white sandals

Breathing:

You are not having any difficulty breathing

Circulation:

You are actively bleeding

Mental Status:

Altered

Level of Consciousness:

Concious

Mobility:

Ambulatory

Acting Instructions:

You're confused and not sure what happened

Loved One/Next of Kin

You're the Brother of Jasmine Katoa.

You last saw them on 10/6/2026 at 10:01:00 AM at Guest Shuttle Area.

You think they were wearing a Floral sundress, but you're not sure.

If asked, their general build is Athletic and complexion is Tan.

Their height is about 5 ft 7 in and weight around 140 lbs.

Their hair is Long and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - Plumeria tattoo left ankle

Piercings - Nose stud

Birthmarks - None

Moles - None

If asked, your contact information is:

Michael Katoa

You live at 14 Ocean View Crescent, Honolulu Hawaii, USA 96815.

Home Tel: 8085553022

Cell Tel: 8085553122

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-022** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Pacific Islander**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian ☐ Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Plumeria tattoo left ankle**

☐ Scars: **None**

☐ Piercings: **Nose stud**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Floral sundress, white sandals**

Jewelry Description: **Pearl Bracelet, Stud Earrings, Wedding Anniversary Ring**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Jasmine Katoa

They are 30 years old

They are Pacific Islander

They were born in Honolulu, Hawaii, USA

They are a United States citizen

They are Single

They live at 14 Ocean View Crescent, Honolulu HI 96815 USA

Their significant other is

Their father is Daniel Katoa

Their mother is Lehua Katoa

They were reported missing by their Brother, Michael Katoa

They're wearing Floral sundress, white sandals

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian ☐ Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Katoa		Jasmine		Leilani	
Last Name		Suffix	First Name		Middle Name
Maiden Name					
Female	2/21/1996	Pacific Islander	30		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
14 Ocean View Crescent			Honolulu	HI	96815
Street Address		Apt #	City	State	Zip/Post Code
Honolulu		USA	Honolulu	Hawaii, USA	
County		Country	Birth City	Birth State & Country	
United States		Christian	Jaz		
Citizenship		Religious Preference	Also Known As/Alias		
jasmine.katoa.exerci		8085551022	8085551122		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Tan ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 7 in Ft/ins / cms Weight/Weight Range: 140 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____				
	Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: Nose stud ☐ Tattoo: Plumeria tattoo left ankle ☐ Medical Device: None ☐ Scars: None				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Tourism

Usual Occupation/Title: Travel Coordinator

Employer: Island Adventures Employer Phone #: 8085554022

Employer Address: 200 Beachfront Blvd Honolulu HI Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **Yes** Group Type: **Tour Group** Group Name: **Southern Heritage Tour**
Date last seen: **10/6/2026** Last seen by :**Michael Katoa** Relationship to person: **Brother**
Last seen where (town/city): **Guest Shuttle Area** Time last seen: **10:01:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **jasmine.katoa30** Other:

Twitter: ☐ Yes ☐ No Profile Name: **jkatoa30** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: **jasmine_wave** Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name:

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Floral sundress			
White sandals			
Blue cardigan			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Smart Watch** Make: **Generic Smart Watch** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Silicone** Band Color: **Black** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Pearl Bracelet	White	None	Medium	Left Wrist
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Stud Earrings	Silver	None	Small	Both Ears
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Wedding

Gold

Ruby

Medium

Right Hand

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription:25 Years Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Single

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name

Suffix

First Name

Middle Name

Maiden Name

Wedding Date

Wedding Location (Country)

Email Address

Home Tel

Cell Tel

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Katoa

Daniel

Mika

Last Name

First Name

Middle Name

daniel.katoa.exercise@example.com

8085552022

8085552122

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Katoa

Lehua

Rose

Last Name

First Name

Middle Name

lehua.katoa.exercise@example.com

8085552222

8085552322

Email Address

Home Tel

Cell Tel

Reporting Person:

Katoa

Michael

Daniel

Last Name

Suffix

First Name

Middle Name

14 Ocean View Crescent

Honolulu

Hawaii, USA

96815

Street Address

Apt #

City

State/Country

Zip/Post Code

michael.katoa.exercise@example.com

8085553022

8085553122

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin
☐ Employer ☐ Friend ☐ Other: Brother

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No

MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0023

Destination

T0023

**TRIAGE
TAG**

T0023

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 41

☐ Trauma

☐ Burn

☐ Cardiac

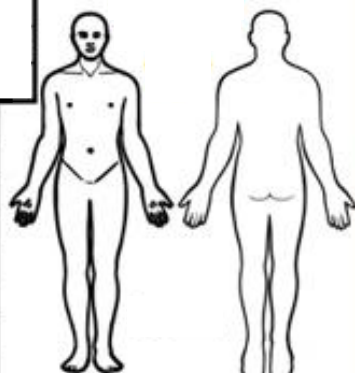
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	130/89	120	24

Chief Complaint

Open fracture to lower left leg.
Minor cuts and scrapes on right arm.

Immediate

Clothing:

HVAC work uniform, work boots

Player Instructions

Your name is:

Brandon Cooper

You're wearing:

HVAC work uniform, work boots

Breathing:

You are breathing more rapidly than normal.

Circulation:

You are actively bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You cannot walk and must be carried or placed on a litter for transport

Acting Instructions:

You are in a lot of pain. Your bone is sticking out of your left leg.

Loved One/Next of Kin

You're the Spouse of Brandon Cooper.

You last saw them on 10/6/2026 at 10:02:00 AM at Maintenance Area.

You think they were wearing a HVAC uniform shirt, but you're not sure.

If asked, their general build is Stocky and complexion is Medium.

Their height is about 6 ft 2 in and weight around 228 lbs.

Their hair is Short and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Tanya Cooper

You live at 602 Cedar Street, Villa Rica Georgia, USA 30180.

Home Tel: 7705553023

Cell Tel: 7705553123

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-023** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Black**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **Full beard** ☐ Mustache **No**

Clothing Description: **HVAC work uniform, work boots**

Jewelry Description: **, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Brandon Cooper

They are 41 years old

They are Black

They were born in Savannah, Georgia, USA

They are a United States citizen

They are Married

They live at 602 Cedar Street, Villa Rica GA 30180 USA

Their significant other is Tanya Cooper

Their father is Raymond Cooper

Their mother is Diane Cooper

They were reported missing by their Spouse, Tanya Cooper

They're wearing HVAC work uniform, work boots

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Cooper		Brandon		Lee	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	9/30/1985	Black	41		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
602 Cedar Street			Villa Rica	GA	30180
Street Address		Apt #	City	State	Zip/Post Code
Carroll	USA	Savannah		Georgia, USA	
County	Country	Birth City		Birth State & Country	
United States	Christian	BC			
Citizenship	Religious Preference	Also Known As/Alias			
brandon.cooper.exer	7705551023	7705551123			
Email Address	Home Tel	Cell Tel		Cell Provider	
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Stocky ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 6 ft 2 in Ft/ins / cms Weight/Weight Range: 228 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	Beard ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Trades

Usual Occupation/Title: HVAC Technician

Employer: Comfort Air Systems Employer Phone #: 7705554023

Employer Address: 602 Cedar Street Villa Rica GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by : **Tanya Cooper** Relationship to person: **Spouse**
Last seen where (town/city): **Maintenance Area** Time last seen: **10:02:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **brandon.cooper41** Other:

Twitter: ☐ Yes ☐ No Profile Name: **bcooper41** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **brandon-cooper41**

Instagram: ☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
HVAC uniform shirt			
Work pants			
Steel toe boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Analogue Wristwatch** Make: **Fossil** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Metal** Band Color: **Silver** Face Color: **White** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **No**

Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3	Material Color	Stone Color	Size	Where Worn?
-----------	----------------	-------------	------	-------------

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Cooper		Tanya	Michelle	Evans
Last Name	Suffix	First Name	Middle Name	Maiden Name
4/8/2008		Villa Rica, GA		
Wedding Date	Wedding Location (Country)			
tanya.cooper.exercise@example.com	7705553023	7705553123		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Cooper	Raymond	Lee
Last Name	First Name	Middle Name
raymond.cooper.exercise@example.c	7705552023	7705552123
Email Address	Home Tel	Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Cooper	Diane	Mae
Last Name	First Name	Middle Name
diane.cooper.exercise@example.com	7705552223	7705552323
Email Address	Home Tel	Cell Tel

Reporting Person:

Cooper	Tanya	Michelle
Last Name	Suffix First Name	Middle Name
602 Cedar Street	Villa Rica	Georgia, USA 30180
Street Address	Apt # City	State/Country Zip/Post Code
tanya.cooper.exercise@example.com	7705553023	7705553123
Email Address	Home Tel	Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

T0024

Property Receipt

T0024

Destination

T0024

**TRIAGE
TAG**

T0024

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 34

☐ Trauma

☐ Burn

☐ Cardiac

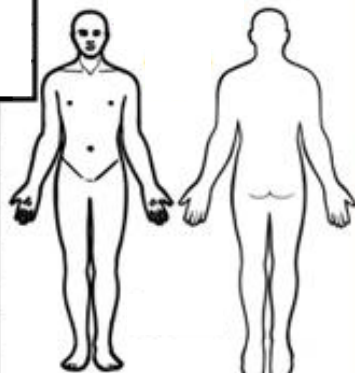
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	130/84	80	16

Chief Complaint

Burns on right face and right arm.
Bruising on right chest. Blistered
burns. Eyes red and watery.

Immediate

Clothing:

Airline uniform, navy blazer,
navy skirt

Player Instructions

Your name is:

Hannah Ellis

You're wearing:

Airline uniform, navy blazer, navy
skirt

Breathing:

You inhaled smoke, are coughing, and
having trouble catching your breath. You
are feeling a little short of breath and
lightheaded.

Circulation:

You are not bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk with assistance

Acting Instructions:

Your chest hurts and you can't breath
well. Eyes are burning. Your burns are
very painful.

Loved One/Next of Kin

You're the Husband of Hannah Ellis.

You last saw them on 10/6/2026 at 10:05:00 AM at Shuttle Stop.

You think they were wearing a Navy blazer, but you're not sure.

If asked, their general build is Slim and complexion is Fair.

Their height is about 5 ft 8 in and weight around 132 lbs.

Their hair is Long and Blonde.

If asked, as best you can recall they have:

Scars - None

Tattoos - Small star tattoo behind right ear

Piercings - Double ear piercings

Birthmarks - None

Moles - None

If asked, your contact information is:

Mason Ellis

You live at 413 Airport View Drive, Atlanta Georgia, USA 30337.

Home Tel: 4045553024

Cell Tel: 4045553124

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-024** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Blonde**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Small star tattoo behind right ear**

☐ Scars: **None**

☐ Piercings: **Double ear piercings**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Airline uniform, navy blazer, navy skirt**

Jewelry Description: **Ring, , Tour Bracelet**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Hannah Ellis

They are 34 years old

They are White

They were born in Atlanta, Georgia, USA

They are a United States citizen

They are Married

They live at 413 Airport View Drive, Atlanta GA 30337 USA

Their significant other is Mason Ellis

Their father is Patrick Ellis

Their mother is Sandra Ellis

They were reported missing by their Husband, Mason Ellis

They're wearing Airline uniform, navy blazer, navy skirt

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian ☐ Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Ellis		Hannah		Brooke	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	1/17/1992	White	34		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
413 Airport View Drive			Atlanta	GA	30337
Street Address		Apt #	City	State	Zip/Post Code
Fulton	USA	Atlanta	Georgia, USA		
County	Country	Birth City	Birth State & Country		
United States	Christian	Han			
Citizenship	Religious Preference	Also Known As/Alias			
hannah.ellis.exercise	4045551024	4045551124			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Slim ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 8 in Ft/ins / cms Weight/Weight Range: 132 lbs Lbs. / kilos					
Hair Color	Blonde ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Blue ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: Double ear piercings ☐ Tattoo: Small star tattoo behind right ear ☐ Medical Device: None ☐ Scars: None				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Aviation

Usual Occupation/Title: Flight Attendant

Employer: Southern Airways Employer Phone #: 4045554024

Employer Address: 500 Aviation Parkway Atlanta GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **Yes** Group Type: **Crew** Group Name: **Flight Crew**
Date last seen: **10/6/2026** Last seen by :**Mason Ellis** Relationship to person: **Husband**
Last seen where (town/city): **Shuttle Stop** Time last seen: **10:05:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **hannah.ellis34** Other: _____

Twitter: ☐ Yes ☐ No Profile Name: _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: **hannah_travels** Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: **hannah-ellis34**

Instagram: ☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Navy blazer			
Navy skirt			
Black heels			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: _____ Make: _____ Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: _____ Band Color: _____ Face Color: _____ Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription: _____
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Ring	Silver	None	Medium	Right Hand
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Tour Bracelet	Silver	None	Medium	Left Wrist
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Ellis		Mason	Grant	Hunter
Last Name	Suffix	First Name	Middle Name	Maiden Name
9/19/2017	Atlanta, GA			
Wedding Date	Wedding Location (Country)			
mason.ellis.exercise@example.com	4045553024	4045553124		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown	Ellis	Patrick	Wayne
	Last Name	First Name	Middle Name
patrick.ellis.exercise@example.com	4045552024	4045552124	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Ellis	Sandra	Jean
Living	Last Name	First Name	Middle Name
sandra.ellis.exercise@example.com	4045552224	4045552324	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Ellis		Mason	Grant
Last Name	Suffix	First Name	Middle Name
413 Airport View Drive		Atlanta	Georgia, USA
Street Address	Apt #	City	State/Country
mason.ellis.exercise@example.com	4045553024	4045553124	30337
Email Address	Home Tel	Cell Tel	Zip/Post Code

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin
☐ Employer ☐ Friend ☐ Other: Husband

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

T0025

Property Receipt

T0025

Destination

T0025

**TRIAGE
TAG**

T0025

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 43

☐ Trauma

☐ Burn

☐ Cardiac

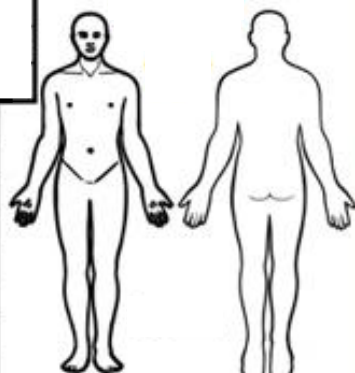
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	124/80	88	18

Chief Complaint

Minor burns and abrasions on arms and hands

Delayed

Clothing:

Chef coat, black checkered pants, kitchen shoes

Player Instructions

Your name is:

Gabriel Alvarez

You're wearing:

Chef coat, black checkered pants, kitchen shoes

Breathing:

You inhaled some smoke and are coughing every once in a while. You are breathing more rapidly than normal.

Circulation:

Your cuts are bleeding, but it is not serious.

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk unassisted

Acting Instructions:

Complain that your burns are stinging and very painful.

Loved One/Next of Kin

You're the Spouse of Gabriel Alvarez.

You last saw them on 10/6/2026 at 10:09:00 AM at Food Vendor Pavilion.

You think they were wearing a Chef coat, but you're not sure.

If asked, their general build is Average and complexion is Olive.

Their height is about 5 ft 10 in and weight around 186 lbs.

Their hair is Short and Black.

If asked, as best you can recall they have:

Scars - Scar right knee

Tattoos - Religious cross tattoo left forearm

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Maria Alvarez

You live at 711 Market Square, Carrollton Georgia, USA 30117.

Home Tel: 7705553025

Cell Tel: 7705553125

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-025** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Hispanic**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Religious cross tattoo left forearm**

☐ Scars: **Scar right knee**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **None** ☐ Mustache **None**

Clothing Description: **Chef coat, black checkered pants, kitchen shoes**

Jewelry Description: **Wedding Band, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Gabriel Alvarez

They are 43 years old

They are Hispanic

They were born in San Diego, California, USA

They are a United States citizen

They are Married

They live at 711 Market Square, Carrollton GA 30117 USA

Their significant other is Maria Alvarez

Their father is Rafael Alvarez

Their mother is Lucia Alvarez

They were reported missing by their Spouse, Maria Alvarez

They're wearing Chef coat, black checkered pants, kitchen shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Alvarez		Gabriel		Mateo	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	5/6/1983	Hispanic	43		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
711 Market Square			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	San Diego	California, USA	
County		Country	Birth City	Birth State & Country	
United States		Catholic	Gabe		
Citizenship		Religious Preference	Also Known As/Alias		
gabriel.alvarez.exerc		7705551025	7705551125		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Olive ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 10 in Ft/ins / cms Weight/Weight Range: 186 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: Religious cross tattoo left forearm ☐ Medical Device: None ☐ Scars: Scar right knee				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Food Service**

Usual Occupation/Title: **Executive Chef**

Employer: **Bistro 27** Employer Phone #: **7705554025**

Employer Address: **27 Adamson Square Carrollton GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Maria Alvarez** Relationship to person: **Spouse**
Last seen where (town/city): **Food Vendor Pavilion** Time last seen: **10:09:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **gabriel.alvarez43** Other:

Twitter: ☐ Yes ☐ No Profile Name: **gabealvarez43** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **gabriel-alvarez43**

Instagram: ☐ Yes ☐ No Profile Name: **chef_gabe43**

Military Service (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Arthroscopic Knee Repair
Old Fractures: ☐ Yes ☐ No Description: **Yes**

Clothing:

Item	Color / Pattern	Description	Size
Chef coat			
Checkered chef pants			
Kitchen shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Wedding Band	Silver	None	Medium	Left Ring Finger
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown				
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown				

Jewelry 3Material ColorStone ColorSizeWhere Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Alvarez

Maria

Elena

Garcia

Last NameSuffixFirst NameMiddle NameMaiden Name

11/22/2006

San Diego, CA

Wedding DateWedding Location (Country)

maria.alvarez.exercise@example.com

7705553025

7705553125

Email AddressHome TelCell Tel

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Alvarez

Rafael

Luis

Last NameFirst NameMiddle Name

rafael.alvarez.exercise@example.com

7705552025

7705552125

Email AddressHome TelCell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Alvarez

Lucia

Maria

Last NameFirst NameMiddle Name

lucia.alvarez.exercise@example.com

7705552225

7705552325

Email AddressHome TelCell Tel

Reporting Person:

Alvarez

Maria

Elena

Last NameSuffixFirst NameMiddle Name

711 Market Square

Carrollton

Georgia, USA

30117

Street AddressApt #CityState/CountryZip/Post Code

maria.alvarez.exercise@example.com

7705553025

7705553125

Email AddressHome TelCell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ NoMRN/CSN:

Checked By: Employee ID:

Date/Time Checked: Verified by:

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CONTAMINATED

Property Receipt

T0026

Destination

T0026

**TRIAGE
TAG**

T0026

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 38

☐ Trauma

☐ Burn

☐ Cardiac

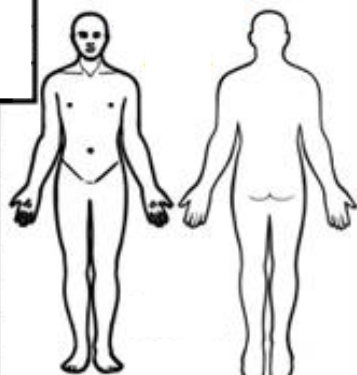
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	138/85	105	18

Chief Complaint

Broken right wrist

Delayed

Clothing:

Hospital scrubs, white nursing shoes, navy fleece jacket

Player Instructions

Your name is:

Victoria Harper

You're wearing:

Hospital scrubs, white nursing shoes, navy fleece jacket

Breathing:

You are not having any difficulty breathing

Circulation:

You are not bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk unassisted

Acting Instructions:

Your wrist is visibly bruised, complain of wrist pain and that it feels like it is broken.

Loved One/Next of Kin

You're the Spouse of Victoria Harper.

You last saw them on 10/6/2026 at 10:12:00 AM at Medical Tent.

You think they were wearing a Hospital scrubs, but you're not sure.

If asked, their general build is Average and complexion is Fair.

Their height is about 5 ft 7 in and weight around 146 lbs.

Their hair is Medium and Brown.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Jason Harper

You live at 402 Cedar Brook Lane, Carrollton Georgia, USA 30117.

Home Tel: 7705553026

Cell Tel: 7705553126

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-026** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Brown**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **Yes** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Hospital scrubs, white nursing shoes, navy fleece jacket**

Jewelry Description: **Medical Alert Bracelet, , Service Pin**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Victoria Harper

They are 38 years old

They are White

They were born in Athens, Georgia, USA

They are a United States citizen

They are Married

They live at 402 Cedar Brook Lane, Carrollton GA 30117 USA

Their significant other is Jason Harper

Their father is David Harper

Their mother is Susan Harper

They were reported missing by their Spouse, Jason Harper

They're wearing Hospital scrubs, white nursing shoes, navy fleece jacket

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Harper		Victoria		Lynn	
Last Name		Suffix	First Name		Middle Name
Maiden Name					
Female	3/18/1988	White	38		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
402 Cedar Brook Lane			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll	USA	Athens	Georgia, USA		
County	Country	Birth City	Birth State & Country		
United States	Christian	Tori			
Citizenship	Religious Preference	Also Known As/Alias			
victoria.harper.exerc	7705551026	7705551126			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 7 in Ft/ins / cms Weight/Weight Range: 146 lbs Lbs. / kilos					
Hair Color	Brown ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Medium ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Blue ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Glasses ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Healthcare

Usual Occupation/Title: Registered Nurse

Employer: Regional Health Clinic Employer Phone #: 7705554026

Employer Address: 402 Cedar Brook Lane Carrollton GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Jason Harper** Relationship to person: **Spouse**
Last seen where (town/city): **Medical Tent** Time last seen: **10:12:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **victoria.harper38** Other:

Twitter: ☐ Yes ☐ No Profile Name: **vharper38** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **victoria-harper38**

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:

Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:

Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other:

Surgery: ☐ Yes ☐ No ☐ Unknown ☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy ☐ Laparotomy ☐ Caesarean ☐ Mastectomy ☐ Reconstructive ☐ Open Heart ☐ Other: None

Prosthetic: ☐ Yes ☐ No ☐ Unknown Location: **No**

Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Hospital scrubs			
White nursing shoes			
Navy fleece jacket			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Analogue Wristwatch** Make: **Timex** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**

Band Material: **Leather** Band Color: **Brown** Face Color: **White** Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription:

Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Medical Alert	Silver	None	Medium	Left Wrist
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: Diabetic Photo Available: ☐ Yes ☐ No ☐ Unknown				

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown				

Service Pin	Gold	None	Small	Collar
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Harper		Jason	Michael	Brooks
Last Name	Suffix	First Name	Middle Name	Maiden Name
10/15/2013	Athens, GA			
Wedding Date	Wedding Location (Country)			
jason.harper.exercise@example.com	7705553026	7705553126		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown	Harper	David	Wayne
	Last Name	First Name	Middle Name
david.harper.exercise@example.com	7705552026	7705552126	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Harper	Susan	Kay
Living	Last Name	First Name	Middle Name
susan.harper.exercise@example.com	7705552226	7705552326	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Harper		Jason	Michael
Last Name	Suffix	First Name	Middle Name
402 Cedar Brook Lane		Carrollton	Georgia, USA
Street Address	Apt #	City	State/Country
jason.harper.exercise@example.com	7705553026	7705553126	30117
Email Address	Home Tel	Cell Tel	Zip/Post Code

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin
☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

T0027

Property Receipt

T0027

Destination

T0027

**TRIAGE
TAG**

T0027

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 44

Trauma

Burn

Cardiac

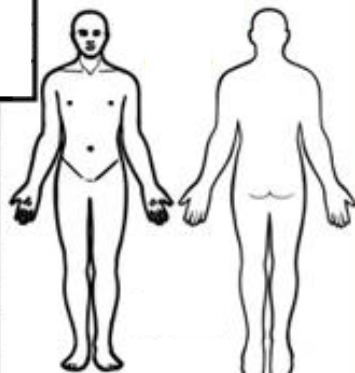
Crush

Fracture

Laceration

Penetrating

Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	160/90	120	20

Chief Complaint

Head injury with a bruise and small cut on the forehead

Immediate

Clothing:

Brown flannel shirt, denim jeans, work boots

Player Instructions

Your name is:

Trevor Holloway

You're wearing:

Brown flannel shirt, denim jeans, work boots

Breathing:

You are breathing more rapidly than normal

Circulation:

You are bleeding from the cut on your forehead

Mental Status:

Confused

Level of Consciousness:

Conscious

Mobility:

You are having trouble walking and are very disoriented

Acting Instructions:

Your forehead hurts. You keep asking "What happened"

Loved One/Next of Kin

You're the Spouse of Trevor Holloway.

You last saw them on 10/6/2026 at 10:15:00 AM at Livestock Exhibit.

You think they were wearing a Brown flannel shirt, but you're not sure.

If asked, their general build is Stocky and complexion is Fair.

Their height is about 6 ft 3 in and weight around 240 lbs.

Their hair is Short and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - Mountain scene tattoo left calf

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Rachel Holloway

You live at 58 Ridgecrest Road, Bowdon Georgia, USA 30108.

Home Tel: 7705553027

Cell Tel: 7705553127

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-027** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Mountain scene tattoo left calf**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **Full beard** ☐ Mustache **No**

Clothing Description: **Brown flannel shirt, denim jeans, work boots**

Jewelry Description: **, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Trevor Holloway

They are 44 years old

They are White

They were born in Chattanooga, Tennessee, USA

They are a United States citizen

They are Married

They live at 58 Ridgecrest Road, Bowdon GA 30108 USA

Their significant other is Rachel Holloway

Their father is Edward Holloway

Their mother is Mary Holloway

They were reported missing by their Spouse, Rachel Holloway

They're wearing Brown flannel shirt, denim jeans, work boots

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian ☐ Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Holloway		Trevor		James	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	9/7/1982	White	44		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
58 Ridgecrest Road			Bowdon	GA	30108
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Chattanooga	Tennessee, USA	
County	Country	Birth City	Birth State & Country		
United States	Christian	TJ			
Citizenship	Religious Preference	Also Known As/Alias			
trevor.holloway.exer	7705551027	7705551127			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Stocky ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 6 ft 3 in Ft/ins / cms Weight/Weight Range: 240 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	Beard ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Hazel ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: Mountain scene tattoo left calf ☐ Medical Device: None ☐ Scars: None				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Agriculture**

Usual Occupation/Title: **Farm Manager**

Employer: **Holloway Farms** Employer Phone #: **7705554027**

Employer Address: **58 Ridgecrest Road Bowdon GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Rachel Holloway** Relationship to person: **Spouse**
Last seen where (town/city): **Livestock Exhibit** Time last seen: **10:15:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **trevor.holloway44** Other:

Twitter: ☐ Yes ☐ No Profile Name: **trevorh44** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **trevor-holloway44**

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Shoulder Arthroscopy
Old Fractures: ☐ Yes ☐ No Description: **Yes**

Clothing:

Item	Color / Pattern	Description	Size
Brown flannel shirt			
Denim jeans			
Work boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Smart Watch** Make: **Samsung Galaxy Watch** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Silicone** Band Color: **Purple** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **No**

Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Holloway		Rachel	Anne	Cooper
Last Name	Suffix	First Name	Middle Name	Maiden Name
3/12/2005		Bowdon, GA		
Wedding Date	Wedding Location (Country)			
rachel.holloway.exercise@example.co	7705553027	7705553127		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown	Holloway	Edward	James
	Last Name	First Name	Middle Name
edward.holloway.exercise@example.c	7705552027	7705552127	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Holloway	Mary	Jane
Living	Last Name	First Name	Middle Name
mary.holloway.exercise@example.co	7705552227	7705552327	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Holloway		Rachel	Anne	
Last Name	Suffix	First Name	Middle Name	
58 Ridgcrest Road		Bowdon	Georgia, USA	30108
Street Address	Apt #	City	State/Country	Zip/Post Code
rachel.holloway.exercise@example.co	7705553027	7705553127		
Email Address	Home Tel	Cell Tel		

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

T0028

Property Receipt

T0028

Destination

T0028

TRIAGE TAG

T0028

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 36

Trauma

Burn

Cardiac

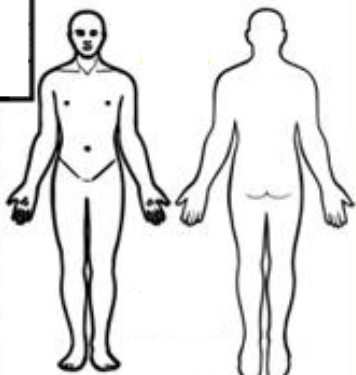
Crush

Fracture

Laceration

Penetrating

Spinal



☐ Male ☐ Female

Other:

VITAL SIGNS

Time	B/P	Pulse	Respiration
	140/82	100	24

Chief Complaint

Large shrapnel wound in left arm and are bleeding heavily

Delayed

Clothing:

Purple cardigan, black blouse, gray slacks

Player Instructions

Your name is:
Priya Patel

You're wearing:
Purple cardigan, black blouse, gray slacks

Breathing:

You are breathing more rapidly than normal

Circulation:

You have severe but controllable upper extremity bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk with assistance

Acting Instructions:

You are starting to feel lightheaded

Loved One/Next of Kin

You're the Sister of Priya Patel.

You last saw them on 10/6/2026 at 10:19:00 AM at Information Booth.

You think they were wearing a Purple cardigan, but you're not sure.

If asked, their general build is Average and complexion is Medium.

Their height is about 5 ft 4 in and weight around 132 lbs.

Their hair is Long and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - Nose stud

Birthmarks - None

Moles - None

If asked, your contact information is:

Anika Patel

You live at 744 Lake Pointe Drive, Villa Rica Georgia, USA 30180.

Home Tel: 7705553028

Cell Tel: 7705553128

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-028** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Asian**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **Nose stud**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Purple cardigan, black blouse, gray slacks**

Jewelry Description: **Bracelet, , Promise Ring**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Priya Patel

They are 36 years old

They are Asian

They were born in Ahmedabad, Gujarat, India

They are a United States citizen

They are Single

They live at 744 Lake Pointe Drive, Villa Rica GA 30180 USA

Their significant other is

Their father is Rajesh Patel

Their mother is Meena Patel

They were reported missing by their Sister, Anika Patel

They're wearing Purple cardigan, black blouse, gray slacks

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Patel		Priya		Nandini	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	7/29/1990	Asian	36		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
744 Lake Pointe Drive			Villa Rica	GA	30180
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Ahmedabad	Gujarat, India	
County		Country	Birth City	Birth State & Country	
United States		Hindu	Priya		
Citizenship		Religious Preference	Also Known As/Alias		
priya.patel.exercise		7705551028	7705551128		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 4 in Ft/ins / cms Weight/Weight Range: 132 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: Nose stud ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Technology**

Usual Occupation/Title: **Systems Analyst**

Employer: **West Georgia Technology Services** Employer Phone #: **7705554028**

Employer Address: **744 Lake Pointe Drive Villa Rica GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by : **Anika Patel** Relationship to person: **Sister**
Last seen where (town/city): **Information Booth** Time last seen: **10:19:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **priya.patel36** Other:

Twitter: ☐ Yes ☐ No Profile Name: **priya_pat36** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **priya-patel36**

Instagram: ☐ Yes ☐ No Profile Name: **priya.life**

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Purple cardigan			
Black blouse			
Gray slacks			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Bracelet	Gold	None	Medium	Right Wrist
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Promise Ring	Silver	None	Small	Right Hand
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Single**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name	Suffix	First Name	Middle Name	Maiden Name
-----------	--------	------------	-------------	-------------

Wedding Date	Wedding Location (Country)
--------------	----------------------------

Email Address	Home Tel	Cell Tel
---------------	----------	----------

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown	Patel	Rajesh	Kumar
--	--------------	---------------	--------------

	Last Name	First Name	Middle Name
--	-----------	------------	-------------

rajesh.patel.exercise@example.com	7705552028	7705552128
--	-------------------	-------------------

Email Address	Home Tel	Cell Tel
---------------	----------	----------

Mother: ☐ Living ☐ Deceased ☐ Unknown	Patel	Meena	Devi
--	--------------	--------------	-------------

Living	Last Name	First Name	Middle Name
---------------	-----------	------------	-------------

meena.patel.exercise@example.com	7705552228	7705552328
---	-------------------	-------------------

Email Address	Home Tel	Cell Tel
---------------	----------	----------

Reporting Person:

Patel	Anika	Rani
--------------	--------------	-------------

Last Name	Suffix	First Name	Middle Name
-----------	--------	------------	-------------

744 Lake Pointe Drive	Villa Rica	Georgia, USA	30180
------------------------------	-------------------	---------------------	--------------

Street Address	Apt #	City	State/Country	Zip/Post Code
----------------	-------	------	---------------	---------------

anika.patel.exercise@example.com	7705553028	7705553128
---	-------------------	-------------------

Email Address	Home Tel	Cell Tel
---------------	----------	----------

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: **Sister**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0029

Destination

T0029

TRIAGE TAG

T0029

S☐
L☐
U☐
D☐
G☐
E☐
M☐

Age: 17

☐ Trauma

☐ Burn

☐ Cardiac

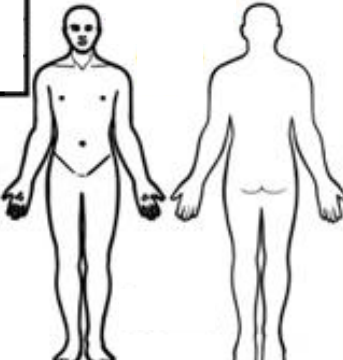
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	120/72	80	28

Chief Complaint

Second degree burns to both hands and arms

Delayed

Clothing:

Baseball uniform jersey, white baseball pants, cleats

T0029

Player Instructions

Your name is:
Connor Harrison

You're wearing:
Baseball uniform jersey, white baseball pants, cleats

Breathing:

You inhaled smoke and are breathing more rapidly than normal.

Circulation:

You are not bleeding but have second degree burns.

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk unassisted

Acting Instructions:

You are coughing and complaining that your throat is sore.

Loved One/Next of Kin

You're the Mother of Connor Harrison.

You last saw them on 10/6/2026 at 10:21:00 AM at Baseball Field.

You think they were wearing a Baseball jersey, but you're not sure.

If asked, their general build is Athletic and complexion is Fair.

Their height is about 6 ft 0 in and weight around 172 lbs.

Their hair is Short and Blonde.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Melissa Harrison

You live at 91 Eagle Drive, Carrollton Georgia, USA 30117.

Home Tel: 7705553029

Cell Tel: 7705553129

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-029** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Teen**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Blonde**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **None** ☐ Mustache **None**

Clothing Description: **Baseball uniform jersey, white baseball pants, cleats**

Jewelry Description: **Championship Ring, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Connor Harrison

They are 17 years old

They are White

They were born in Carrollton, Georgia, USA

They are a United States citizen

They are Single

They live at 91 Eagle Drive, Carrollton GA 30117 USA

Their significant other is

Their father is Todd Harrison

Their mother is Melissa Harrison

They were reported missing by their Mother, Melissa Harrison

They're wearing Baseball uniform jersey, white baseball pants, cleats

They are Student

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Harrison		Connor		Blake	
Last Name	Suffix	First Name	Middle Name	Maiden Name	
Male	4/21/2009	White	17		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
91 Eagle Drive		Carrollton	GA	30117	
Street Address	Apt #	City	State	Zip/Post Code	
Carroll	USA	Carrollton	Georgia, USA		
County	Country	Birth City	Birth State & Country		
United States	Christian	Connor			
Citizenship	Religious Preference	Also Known As/Alias			
connor.harrison.exer	7705551029	7705551129			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 6 ft 0 in Ft/ins / cms Weight/Weight Range: 172 lbs Lbs. / kilos					
Hair Color	Blonde ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Blue ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: Student ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Education

Usual Occupation/Title: High School Student

Employer: N/A Employer Phone #: N/A

Employer Address: N/A Country: N/A

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Melissa Harrison** Relationship to person: **Mother**
Last seen where (town/city): **Baseball Field** Time last seen: **10:21:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **connor.harrison17** _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: **connorh17** _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: **connor17snap** _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: _____

Instagram:☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Baseball jersey			
Baseball pants			
Cleats			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Championship Ring	Gold	None	Large	Right Hand
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: Wildcats	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Single**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name

Suffix

First Name

Middle Name

Maiden Name

Wedding Date

Wedding Location (Country)

Email Address

Home Tel

Cell Tel

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown

Harrison

Todd

Allen

Last Name

First Name

Middle Name

todd.harrison.exercise@example.com

7705552029

7705552129

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Harrison

Melissa

Jane

Last Name

First Name

Middle Name

melissa.harrison.exercise@example.c

7705552229

7705552329

Email Address

Home Tel

Cell Tel

Reporting Person:

Harrison

Melissa

Jane

Last Name

Suffix

First Name

Middle Name

91 Eagle Drive

Carrollton

Georgia, USA

30117

Street Address

Apt #

City

State/Country

Zip/Post Code

melissa.harrison.exercise@example.c

7705553029

7705553129

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: **Mother**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No

MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0030

Destination

T0030

TRIAGE
TAG

T0030

S
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G
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M
☐

Age: 39

☐ Trauma
☐ Burn
☐ Cardiac
☐ Crush
☐ Fracture
☐ Laceration
☐ Penetrating
☐ Spinal

☐ Male
 ☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	128/64	85	18

Chief Complaint

Minor scrapes on hands and a severe injury to left knee

Delayed

Clothing:

Restaurant server uniform,
black apron, black shoes

T0030

Player Instructions

Your name is:

Maria Gomez

You're wearing:

Restaurant server uniform, black apron, black shoes

Breathing:

You are not having any difficulty breathing

Circulation:

You are not bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You need assistance walking

Acting Instructions:

Your knee hurts and is throbbing. You have scrapes on the palms of your hands.

Loved One/Next of Kin

You're the Husband of Maria Gomez.

You last saw them on 10/6/2026 at 10:24:00 AM at Dining Pavilion.

You think they were wearing a Server uniform shirt, but you're not sure.

If asked, their general build is Average and complexion is Olive.

Their height is about 5 ft 3 in and weight around 138 lbs.

Their hair is Medium and Brown.

If asked, as best you can recall they have:

Scars - None

Tattoos - Butterfly tattoo right wrist

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Javier Gomez

You live at 233 Magnolia Place, Carrollton Georgia, USA 30117.

Home Tel: 7705553030

Cell Tel: 7705553130

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-030** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Hispanic**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Brown**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Butterfly tattoo right wrist**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Restaurant server uniform, black apron, black shoes**

Jewelry Description: **Earrings, , Sapphire Earrings**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Maria Gomez

They are 40 years old

They are Hispanic

They were born in Miami, Florida, USA

They are a United States citizen

They are Married

They live at 233 Magnolia Place, Carrollton GA 30117 USA

Their significant other is Javier Gomez

Their father is Ricardo Gomez

Their mother is Ana Gomez

They were reported missing by their Husband, Javier Gomez

They're wearing Restaurant server uniform, black apron, black shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Gomez		Maria		Celeste	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	12/14/1986	Hispanic	40		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
233 Magnolia Place			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Miami	Florida, USA	
County	Country	Birth City		Birth State & Country	
United States	Catholic	Maria			
Citizenship	Religious Preference	Also Known As/Alias			
maria.gomez.exercis	7705551030	7705551130			
Email Address	Home Tel	Cell Tel		Cell Provider	
Complexion: Olive ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 3 in Ft/ins / cms Weight/Weight Range: 138 lbs Lbs. / kilos					
Hair Color	Brown ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Medium ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Red Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: Butterfly tattoo right wrist ☐ Medical Device: None ☐ Scars: None				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Hospitality**

Usual Occupation/Title: **Restaurant Supervisor**

Employer: **Casa Del Sol** Employer Phone #: **7705554030**

Employer Address: **233 Magnolia Place Carrollton GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Javier Gomez** Relationship to person: **Husband**
Last seen where (town/city): **Dining Pavilion** Time last seen: **10:24:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **maria.gomez40** Other:

Twitter: ☐ Yes ☐ No Profile Name: **mariag40** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **maria-gomez40**

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Server uniform shirt			
Black apron			
Black slip-resistant shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Analogue Wristwatch** Make: **Bulova Classic** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Metal** Band Color: **Gold** Face Color: **White** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Earrings	Silver	None	Small	Both Ears
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Sapphire Earrings	White Gold	Sapphire	Small	Both Ears
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Gomez		Javier	Antonio	Ruiz
Last Name	Suffix	First Name	Middle Name	Maiden Name
8/14/2007	Miami, FL			
Wedding Date	Wedding Location (Country)			
javier.gomez.exercise@example.com	7705553030	7705553130		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown	Gomez	Ricardo	Luis
	Last Name	First Name	Middle Name
ricardo.gomez.exercise@example.co	7705552030	7705552130	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Gomez	Ana	Maria
Living	Last Name	First Name	Middle Name
ana.gomez.exercise@example.com	7705552230	7705552330	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Gomez		Javier	Antonio
Last Name	Suffix	First Name	Middle Name
233 Magnolia Place		Carrollton	Georgia, USA
Street Address	Apt #	City	State/Country
javier.gomez.exercise@example.com	7705553030	7705553130	30117
Email Address	Home Tel	Cell Tel	Zip/Post Code

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin
☐ Employer ☐ Friend ☐ Other: Husband

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0031

Destination

T0031

TRIAGE TAG

T0031

S
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G
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E
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☐

Age: 47

☐ Trauma

☐ Burn

☐ Cardiac

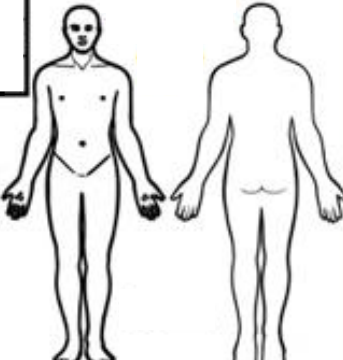
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	130/83	79	16

Chief Complaint
Broken right ankle

Delayed

Clothing:
Gray business suit, blue tie, black dress shoes

T0031

Player Instructions

Your name is:
Benjamin Turner

You're wearing:
Gray business suit, blue tie, black dress shoes

Breathing:

You are not having any difficulty breathing

Circulation:

You are not bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You need assistance walking

Acting Instructions:

Your right ankle hurts really badly. and you can't put much pressure on it

Loved One/Next of Kin

You're the Spouse of Benjamin Turner.

You last saw them on 10/6/2026 at 10:28:00 AM at VIP Tent.

You think they were wearing a Gray business suit, but you're not sure.

If asked, their general build is Average and complexion is Fair.

Their height is about 6 ft 1 in and weight around 196 lbs.

Their hair is Short and Brown.

If asked, as best you can recall they have:

Scars - Scar above right eyebrow

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Erin Turner

You live at 167 Brookhaven Court, Bremen Georgia, USA 30110.

Home Tel: 7705553031

Cell Tel: 7705553131

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-031** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Brown**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **Scar above right eyebrow**

☐ Piercings: **None**

☐ Glasses **Yes** ☐ Beard **None** ☐ Mustache **Mustache**

Clothing Description: **Gray business suit, blue tie, black dress shoes**

Jewelry Description: **Cufflinks, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Benjamin Turner

They are 47 years old

They are White

They were born in Columbus, Georgia, USA

They are a United States citizen

They are Married

They live at 167 Brookhaven Court, Bremen GA 30110 USA

Their significant other is Erin Turner

Their father is William Turner

Their mother is Rebecca Turner

They were reported missing by their Spouse, Erin Turner

They're wearing Gray business suit, blue tie, black dress shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Turner		Benjamin		Cole	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	6/3/1979	White	47		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
167 Brookhaven Court			Bremen	GA	30110
Street Address		Apt #	City	State	Zip/Post Code
Haralson		USA	Columbus	Georgia, USA	
County		Country	Birth City	Birth State & Country	
United States		Christian	Ben		
Citizenship		Religious Preference	Also Known As/Alias		
benjamin.turner.exer		7705551031	7705551131		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 6 ft 1 in Ft/ins / cms Weight/Weight Range: 196 lbs Lbs. / kilos					
Hair Color	Brown ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	Mustache ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Green ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Glasses ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: Scar above right eyebrow				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Finance

Usual Occupation/Title: Regional Sales Manager

Employer: Southern Distribution Group Employer Phone #: 7705554031

Employer Address: 167 Brookhaven Court Bremen GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Erin Turner** Relationship to person: **Spouse**
Last seen where (town/city): **VIP Tent** Time last seen: **10:28:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **benjamin.turner47** Other:

Twitter: ☐ Yes ☐ No Profile Name: **bturner47** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **benjamin-turner47**

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Eye Surgery
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Gray business suit			
Blue tie			
Black dress shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Cufflinks	Gold	None	Medium	Cuffs
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3 Material Color Stone Color Size Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Married**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Turner		Erin	Michelle	Walker
Last Name	Suffix	First Name	Middle Name	Maiden Name
4/27/2004	Columbus, GA			
Wedding Date	Wedding Location (Country)			
erin.turner.exercise@example.com	7705553031	7705553131		
Email Address	Home Tel	Cell Tel		

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown	Turner	William	Scott
	Last Name	First Name	Middle Name
william.turner.exercise@example.com	7705552031	7705552131	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Turner	Rebecca	Louise
Living	Last Name	First Name	Middle Name
rebecca.turner.exercise@example.com	7705552231	7705552331	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Turner		Erin	Michelle	
Last Name	Suffix	First Name	Middle Name	
167 Brookhaven Court		Bremen	Georgia, USA	30110
Street Address	Apt #	City	State/Country	Zip/Post Code
erin.turner.exercise@example.com	7705553031	7705553131		
Email Address	Home Tel	Cell Tel		

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin
☐ Employer ☐ Friend ☐ Other: **Spouse**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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T0032

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TRIAGE TAG 

T0032

S □ L □ U □ D □ G □ E □ M □

Trauma

Burn

Cardiac

Crush

Fracture

Laceration

Penetrating

Spinal

Other:

☐ Male☐ Female

VITAL SIGNS

Time	B/P	Pulse	Respiration
	130/80	90	20

Chief Complaint

Minor cuts and scrapes on arms, hands, and face from falling during the explosion

Minimal

Clothing:

Black photographer vest,
cargo pants, hiking shoes

You did not hit your head, you feel fine but just are a little scraped up.

Loved One/Next of Kin

You're the Sister of Natalie Barnes.

You last saw them on 10/6/2026 at 10:31:00 AM at Photo Station.

You think they were wearing a Photographer vest, but you're not sure.

If asked, their general build is Slim and complexion is Fair.

Their height is about 5 ft 8 in and weight around 128 lbs.

Their hair is Long and Red.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - Cartilage piercing right ear

Birthmarks - None

Moles - None

If asked, your contact information is:

Hannah Barnes

You live at 489 Woodland Trail, Mount Zion Georgia, USA 30150.

Home Tel: 7705553032

Cell Tel: 7705553132

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-032** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Red**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **Cartilage piercing right ear**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Black photographer vest, cargo pants, hiking shoes**

Jewelry Description: **Friendship Bracelet, , Emergency Contact Necklace**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Natalie Barnes

They are 33 years old

They are White

They were born in Raleigh, North Carolina, USA

They are a United States citizen

They are Single

They live at 489 Woodland Trail, Mount Zion GA 30150 USA

Their significant other is

Their father is Richard Barnes

Their mother is Melissa Barnes

They were reported missing by their Sister, Hannah Barnes

They're wearing Black photographer vest, cargo pants, hiking shoes

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian ☐ Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Barnes

Natalie

Joy

Last Name	Suffix	First Name	Middle Name	Maiden Name
Female	2/8/1993	White	33	
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#
489 Woodland Trail		Mount Zion	GA	30150
Street Address	Apt #	City	State	Zip/Post Code
Carroll	USA	Raleigh	North Carolina,	
County	Country	Birth City	Birth State & Country	
United States	Christian	Nat		
Citizenship	Religious Preference	Also Known As/Alias		
natalie.barnes.exerci	7705551032	7705551132		
Email Address	Home Tel	Cell Tel	Cell Provider	

Complexion: **Fair** ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino

General Build: **Slim** ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy

Height/Height Range: **5 ft 8 in** Ft/ins / cms **Weight/Weight Range:** **128 lbs** Lbs. / kilos

Hair Color **Red** ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____

Hair Length **Long** ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____

Facial Hair **None** ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip
☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____

Eyes **Green** ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____
Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses
☐ Corneal Implant ☐ None

Fingernails **Natural** ☐ Natural ☐ Artificial ☐ Unknown Color: **Natural**
Design: **None** Jewelry: **None**
☐ Extremely Long ☐ Long ☐ Medium ☐ Short **Long**

Physical ☐ Dental Braces **No** ☐ Birthmark: **None** ☐ Mole: **None**
Identifiers ☐ Piercing: **Cartilage piercing right ear**
☐ Tattoo: **None**
☐ Medical Device: **None**
☐ Scars: **None**

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Media**

Usual Occupation/Title: **Freelance Photographer**

Employer: **Self Employed** Employer Phone #: **7705554032**

Employer Address: **489 Woodland Trail Mount Zion GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Hannah Barnes** Relationship to person: **Sister**
Last seen where (town/city): **Photo Station** Time last seen: **10:31:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **natalie.barnes33** Other:

Twitter: ☐ Yes ☐ No Profile Name: **natalieb33** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: **nataliephotos** Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name:

Instagram: ☐ Yes ☐ No Profile Name: **nat_barnes**

Military Service (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT'S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Photographer vest			
Cargo pants			
Hiking shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Smart Watch** Make: **Generic Smart Watch** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Silicone** Band Color: **Silver** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Friendship Bracelet	Blue	None	Medium	Right Wrist
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Emergency Contact	Silver	None	Medium	Neck
Jewelry 3	Material Color	Stone Color	Size	Where Worn?

Inscription: ICE Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Single

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name	Suffix	First Name	Middle Name	Maiden Name
Wedding Date		Wedding Location (Country)		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown	Barnes	Richard	Paul
	Last Name	First Name	Middle Name
richard.barnes.exercise@example.com	7705552032	7705552132	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Barnes	Melissa	Anne
Living	Last Name	First Name	Middle Name
melissa.barnes.exercise@example.co	7705552232	7705552332	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Barnes	Hannah	Grace		
Last Name	Suffix	First Name	Middle Name	
489 Woodland Trail		Mount Zion	Georgia, USA	30150
Street Address	Apt #	City	State/Country	Zip/Post Code
hannah.barnes.exercise@example.co	7705553032	7705553132		
Email Address	Home Tel	Cell Tel		
Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin				
☐ Employer ☐ Friend ☐ Other: Sister				

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

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Age: 38

☐ Trauma

☐ Burn

☐ Cardiac

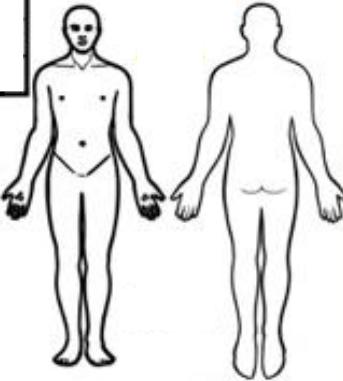
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
 ☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	140/82	100	20

Chief Complaint
 Dislocated right shoulder

Minimal

Clothing:
 Winter travel jacket, jeans, hiking boots

T0033

Player Instructions

Your name is:
Lucas Baptiste

You're wearing:
Winter travel jacket, jeans, hiking boots

Breathing:

You are breathing just a little faster than normal because you are in pain.

Circulation:

You are not bleeding.

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk unassisted

Acting Instructions:

Your shoulder hurts and you're in a lot of pain.

Loved One/Next of Kin

You're the Spouse of Lucas Baptiste.

You last saw them on 10/6/2026 at 10:36:00 AM at Bus Drop-Off Area.

You think they were wearing a Winter travel jacket, but you're not sure.

If asked, their general build is Athletic and complexion is Medium.

Their height is about 6 ft 2 in and weight around 210 lbs.

Their hair is Short and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - Maple leaf tattoo upper arm

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Amelie Baptiste

You live at 74 Harbour View Road, Toronto Ontario, Canada 0.

Home Tel: 4165553033

Cell Tel: 4165553133

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-033** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Black**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Maple leaf tattoo upper arm**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **Short beard** ☐ Mustache **No**

Clothing Description: **Winter travel jacket, jeans, hiking boots**

Jewelry Description: **, , ``**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Lucas Baptiste

They are 38 years old

They are Black

They were born in Toronto, Ontario, Canada

They are a Canada citizen

They are Married

They live at 74 Harbour View Road, Toronto ON 0 Canada

Their significant other is Amelie Baptiste

Their father is Jean Baptiste

Their mother is Claire Baptiste

They were reported missing by their Spouse, Amelie Baptiste

They're wearing Winter travel jacket, jeans, hiking boots

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Baptiste		Lucas		Andre	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	9/11/1988	Black	38		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
74 Harbour View Road			Toronto	ON	0
Street Address		Apt #	City	State	Zip/Post Code
Toronto		Canada	Toronto	Ontario, Canada	
County		Country	Birth City	Birth State & Country	
Canada	Christian	Luke			
Citizenship	Religious Preference	Also Known As/Alias			
lucas.baptiste.exerci	4165551033	4165551133			
Email Address	Home Tel	Cell Tel		Cell Provider	
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 6 ft 2 in Ft/ins / cms Weight/Weight Range: 210 lbs Lbs. / kilos					
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	Beard ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: Maple leaf tattoo upper arm ☐ Medical Device: None ☐ Scars: None				

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Engineering

Usual Occupation/Title: Civil Engineer

Employer: Northern Infrastructure Group Employer Phone #: 4165554033

Employer Address: 74 Harbour View Road Toronto Ontario Country: Canada

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **Yes** Group Type: **Tour Group** Group Name: **Canadian Heritage Travelers**
Date last seen: **10/6/2026** Last seen by :**Amelie Baptiste** Relationship to person: **Spouse**
Last seen where (town/city): **Bus Drop-Off Area** Time last seen: **10:36:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **lucas.baptiste38** Other: _____
Twitter: ☐ Yes ☐ No Profile Name: **lbaptiste38** Profile Name: _____
Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown
YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____
LinkedIn: ☐ Yes ☐ No Profile Name: **lucas-baptiste38** _____
Instagram:☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Winter travel jacket			
Jeans			
Hiking boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Fitness Tracker** Make: **Fitbit Charge** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Silicone** Band Color: **Black** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription: _____
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **No**

Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription: _____	Photo Available: ☐ Yes ☐ No ☐ Unknown			
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription: _____	Photo Available: ☐ Yes ☐ No ☐ Unknown			

..

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Baptiste

Amelie

Rose

Laurent

Last Name

Suffix

First Name

Middle Name

Maiden Name

7/18/2018

Toronto, ON

Wedding Date

Wedding Location (Country)

amelie.baptiste.exercise@example.co

4165553033

4165553133

Email Address

Home Tel

Cell Tel

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Baptiste

Jean

Marc

Last Name

First Name

Middle Name

jean.baptiste.exercise@example.com

4165552033

4165552133

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Baptiste

Claire

Marie

Last Name

First Name

Middle Name

claire.baptiste.exercise@example.com

4165552233

4165552333

Email Address

Home Tel

Cell Tel

Reporting Person:

Baptiste

Amelie

Rose

Last Name

Suffix

First Name

Middle Name

74 Harbour View Road

Toronto

Ontario, Canada

0

Street Address

Apt #

City

State/Country

Zip/Post Code

amelie.baptiste.exercise@example.co

4165553033

4165553133

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Spouse

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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Property Receipt

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Age: 22

☐ Trauma

☐ Burn

☐ Cardiac

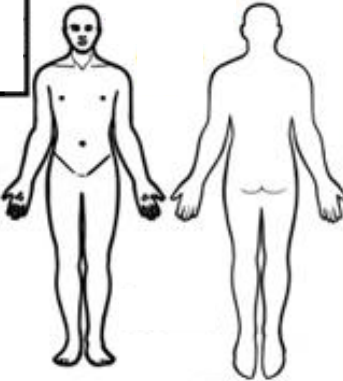
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male
 ☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	134/84	80	16

Chief Complaint
 Large cut on right hand

Minimal

Clothing:
 College hoodie, athletic shorts, running shoes

T0034

Player Instructions

Your name is:
Aiden Moore

You're wearing:
College hoodie, athletic shorts,
running shoes

Breathing:

You are breathing normally

Circulation:

You are bleeding from your cut

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk unassisted

Acting Instructions:

You are fine except for the cut on your hand.

Loved One/Next of Kin

You're the Mother of Aiden Moore.

You last saw them on 10/6/2026 at 10:40:00 AM at Student Activities Area.

You think they were wearing a College hoodie, but you're not sure.

If asked, their general build is Athletic and complexion is Fair.

Their height is about 5 ft 11 in and weight around 175 lbs.

Their hair is Short and Brown.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Jennifer Moore

You live at 812 University Lane, Carrollton Georgia, USA 30117.

Home Tel: 7705553034

Cell Tel: 7705553134

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-034** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Brown**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **None** ☐ Mustache **None**

Clothing Description: **College hoodie, athletic shorts, running shoes**

Jewelry Description: **, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Aiden Moore

They are 22 years old

They are White

They were born in Columbus, Georgia, USA

They are a United States citizen

They are Single

They live at 812 University Lane, Carrollton GA 30117 USA

Their significant other is

Their father is David Moore

Their mother is Jennifer Moore

They were reported missing by their Mother, Jennifer Moore

They're wearing College hoodie, athletic shorts, running shoes

They are Student

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Moore		Aiden		Christopher	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Male	8/15/2004	White	22		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
812 University Lane			Carrollton	GA	30117
Street Address		Apt #	City	State	Zip/Post Code
Carroll	USA	Columbus	Georgia, USA		
County	Country	Birth City	Birth State & Country		
United States	Christian	Aiden			
Citizenship	Religious Preference	Also Known As/Alias			
aiden.moore.exercis	7705551034	7705551134			
Email Address	Home Tel	Cell Tel	Cell Provider		
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 11 in Ft/ins / cms Weight/Weight Range: 175 lbs Lbs. / kilos					
Hair Color	Brown ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Blue ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: Student ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Education

Usual Occupation/Title: College Student

Employer: University of West Georgia Employer Phone #: 6785554034

Employer Address: 1601 Maple Street Carrollton GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Jennifer Moore** Relationship to person: **Mother**
Last seen where (town/city): **Student Activities Area** Time last seen: **10:40:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **aiden.moore22** _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: **aidenm22** _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: **aiden_snap22** _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: _____

Instagram: ☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
College hoodie			
Athletic shorts			
Running shoes			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **No**

Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3	Material Color	Stone Color	Size	Where Worn?
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Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Single

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last Name	Suffix	First Name	Middle Name	Maiden Name
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Wedding Date	Wedding Location (Country)
--------------	----------------------------

Email Address	Home Tel	Cell Tel
---------------	----------	----------

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown Moore David Allen

	Last Name	First Name	Middle Name
--	-----------	------------	-------------

david.moore.exercise@example.com	7705552034	7705552134	
---	-------------------------	-------------------------	--

Email Address	Home Tel	Cell Tel	
---------------	----------	----------	--

Mother: ☐ Living ☐ Deceased ☐ Unknown Moore Jennifer Lynn

Living

	Last Name	First Name	Middle Name
--	-----------	------------	-------------

jennifer.moore.exercise@example.co	7705552234	7705552334	
---	-------------------------	-------------------------	--

Email Address	Home Tel	Cell Tel	
---------------	----------	----------	--

Reporting Person:

Moore Jennifer Lynn

Last Name	Suffix	First Name	Middle Name
-----------	--------	------------	-------------

812 University Lane		Carrollton	Georgia, USA	30117
----------------------------------	--	-------------------------	---------------------------	--------------------

Street Address	Apt #	City	State/Country	Zip/Post Code
----------------	-------	------	---------------	---------------

jennifer.moore.exercise@example.co	7705553034	7705553134		
---	-------------------------	-------------------------	--	--

Email Address	Home Tel	Cell Tel		
---------------	----------	----------	--	--

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Mother

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0035

Destination

T0035

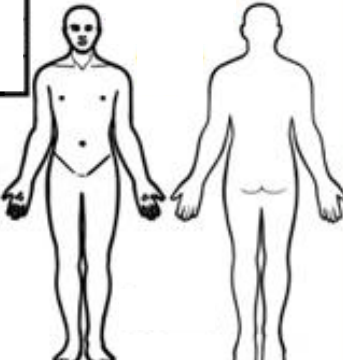
TRIAGE
TAG

T0035

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 36

☐ Trauma
☐ Burn
☐ Cardiac
☐ Crush
☐ Fracture
☐ Laceration
☐ Penetrating
☐ Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	95/60	130	28

Chief Complaint

Minor burns and cuts to hands and arms

Minimal

Clothing:

Black sweater, blue jeans, ankle boots

T0035

Player Instructions

Your name is:
Kaitlyn Foster

You're wearing:
Black sweater, blue jeans, ankle boots

Breathing:

You are breathing normally

Circulation:

You are bleeding from your cuts

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk unassisted

Acting Instructions:

You are fine except for minor injuries

Loved One/Next of Kin

You're the Husband of Kaitlyn Foster.

You last saw them on 10/6/2026 at 10:44:00 AM at Vendor Pavilion.

You think they were wearing a Black sweater, but you're not sure.

If asked, their general build is Average and complexion is Fair.

Their height is about 5 ft 6 in and weight around 140 lbs.

Their hair is Long and Blonde.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - Left nipple piercing

Birthmarks - None

Moles - None

If asked, your contact information is:

Ryan Foster

You live at 45 Country Club Drive, Villa Rica Georgia, USA 30180.

Home Tel: 7705553035

Cell Tel: 7705553135

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-035** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Blonde**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **Left nipple piercing**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Black sweater, blue jeans, ankle boots**

Jewelry Description: **Locket Necklace, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Kaitlyn Foster

They are 36 years old

They are White

They were born in Macon, Georgia, USA

They are a United States citizen

They are Married

They live at 45 Country Club Drive, Villa Rica GA 30180 USA

Their significant other is Ryan Foster

Their father is Edward Foster

Their mother is Patricia Foster

They were reported missing by their Husband, Ryan Foster

They're wearing Black sweater, blue jeans, ankle boots

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Foster		Kaitlyn		Marie	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	4/9/1990	White	36		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
45 Country Club Drive			Villa Rica	GA	30180
Street Address		Apt #	City	State	Zip/Post Code
Carroll		USA	Macon	Georgia, USA	
County		Country	Birth City	Birth State & Country	
United States		Christian	Kate		
Citizenship		Religious Preference	Also Known As/Alias		
kaitlyn.foster.exerci		7705551035	7705551135		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 6 in Ft/ins / cms Weight/Weight Range: 140 lbs Lbs. / kilos					
Hair Color	Blonde ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Green ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: Left nipple piercing ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Real Estate**

Usual Occupation/Title: **Real Estate Agent**

Employer: **Georgia Premier Realty** Employer Phone #: **7705554035**

Employer Address: **45 Country Club Drive Villa Rica GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Ryan Foster** Relationship to person: **Husband**
Last seen where (town/city): **Vendor Pavilion** Time last seen: **10:44:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **kaitlyn.foster36** Other:

Twitter: ☐ Yes ☐ No Profile Name: **kaitlynf36** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **kaitlyn-foster36**

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Black sweater			
Blue jeans			
Brown ankle boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Smart Watch** Make: **Generic Smart Watch** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**
Band Material: **Silicone** Band Color: **Black** Face Color: **Black** Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Locket Necklace	Silver	None	Medium	Neck
Jewelry 1	Material Color	Stone Color	Size	Where Worn?

Inscription: **Family** Photo Available: ☐ Yes ☐ No ☐ Unknown

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
-----------	----------------	-------------	------	-------------

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: **Married**

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Foster		Ryan	Thomas	Collins
Last Name	Suffix	First Name	Middle Name	Maiden Name
5/9/2016		Villa Rica, GA		
Wedding Date	Wedding Location (Country)			
ryan.foster.exercise@example.com	7705553035	7705553135		
Email Address	Home Tel	Cell Tel		

Parents: **Living**

Father: ☐ Living ☐ Deceased ☐ Unknown	Foster	Edward	James
	Last Name	First Name	Middle Name
edward.foster.exercise@example.com	7705552035	7705552135	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown	Foster	Patricia	Rose
Living	Last Name	First Name	Middle Name
patricia.foster.exercise@example.com	7705552235	7705552335	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Foster		Ryan	Thomas
Last Name	Suffix	First Name	Middle Name
45 Country Club Drive		Villa Rica	Georgia, USA
Street Address	Apt #	City	State/Country
ryan.foster.exercise@example.com	7705553035	7705553135	
Email Address	Home Tel	Cell Tel	

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: **Husband**

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No MRN/CSN: _____

Checked By: _____ Employee ID: _____

Date/Time Checked: _____ Verified by: _____

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CONTAMINATED

Property Receipt

T0036

Destination

T0036

**TRIAGE
TAG**

T0036

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 41

Trauma

Burn

Cardiac

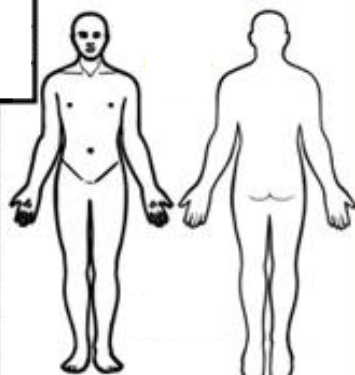
Crush

Fracture

Laceration

Penetrating

Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	112/72	85	16

Chief Complaint

Several large cuts on arms and a broken right index finger

Minimal

Clothing:

EMS uniform, black duty boots

Player Instructions

Your name is:

Derrick Lewis

You're wearing:

EMS uniform, black duty boots

Breathing:

You are breathing normally

Circulation:

You are bleeding from your cuts

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk unassisted

Acting Instructions:

Your finger is broken and that you are going to need stitches.

Loved One/Next of Kin

You're the Wife of Derrick Lewis.

You last saw them on 10/6/2026 at 10:48:00 AM at Medical Operations Area.

You think they were wearing a EMS uniform shirt, but you're not sure.

If asked, their general build is Athletic and complexion is Medium.

Their height is about 6 ft 0 in and weight around 210 lbs.

Their hair is Short and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - Crown tattoo right forearm

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Keisha Lewis

You live at 174 Sycamore Street, Carrollton Georgia, USA 30117.

Home Tel: 7705553036

Cell Tel: 7705553136

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-036** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Black**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **Crown tattoo right forearm**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **No** ☐ Beard **Goatee** ☐ Mustache **No**

Clothing Description: **EMS uniform, black duty boots**

Jewelry Description: **, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Derrick Lewis

They are 41 years old

They are Black

They were born in Atlanta, Georgia, USA

They are a United States citizen

They are Married

They live at 174 Sycamore Street, Carrollton GA 30117 USA

Their significant other is Keisha Lewis

Their father is Clarence Lewis

Their mother is Angela Lewis

They were reported missing by their Wife, Keisha Lewis

They're wearing EMS uniform, black duty boots

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Lewis			Derrick		Antwan	
Last Name		Suffix	First Name		Middle Name	Maiden Name
Male	1/6/1985	Black	41			
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range		SSN/ID#	
174 Sycamore Street			Carrollton		GA	30117
Street Address		Apt #	City		State	Zip/Post Code
Carroll		USA	Atlanta		Georgia, USA	
County		Country	Birth City		Birth State & Country	
United States		Christian	DJ			
Citizenship		Religious Preference	Also Known As/Alias			
derrick.lewis.exercis		7705551036	7705551136			
Email Address		Home Tel	Cell Tel		Cell Provider	
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino						
General Build: Athletic ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy						
Height/Height Range: 6 ft 0 in Ft/ins / cms Weight/Weight Range: 210 lbs Lbs. / kilos						
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____					
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____					
Facial Hair	Goatee ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____					
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None					
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short					
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: Crown tattoo right forearm ☐ Medical Device: None ☐ Scars: None					

Employment: **Employed** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Emergency Services**

Usual Occupation/Title: **Paramedic**

Employer: **Metro EMS** Employer Phone #: **7705554036**

Employer Address: **174 Sycamore Street Carrollton GA** Country: **USA**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Keisha Lewis** Relationship to person: **Wife**
Last seen where (town/city): **Medical Operations Area** Time last seen: **10:48:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **derrick.lewis41** Other:

Twitter: ☐ Yes ☐ No Profile Name: **dlewis41** Profile Name:

Snaphchat: ☐ Yes ☐ No Profile Name: Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name: **derrick-lewis41**

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:
Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:
Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other:
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No**
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: None
Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
EMS uniform shirt			
Duty pants			
Black duty boots			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: Make: Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: Band Color: Face Color: Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription:
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **No**

Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3

Material Color

Stone Color

Size

Where Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Lewis

Keisha

Danielle

Jones

Last Name

Suffix

First Name

Middle Name

Maiden Name

3/29/2011

Atlanta, GA

Wedding Date

Wedding Location (Country)

keisha.lewis.exercise@example.com

7705553036

7705553136

Email Address

Home Tel

Cell Tel

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Lewis

Clarence

Ray

Last Name

First Name

Middle Name

clarence.lewis.exercise@example.com

7705552036

7705552136

Email Address

Home Tel

Cell Tel

Mother: ☐ Living ☐ Deceased ☐ Unknown

Lewis

Angela

Marie

Last Name

First Name

Middle Name

angela.lewis.exercise@example.com

7705552236

7705552336

Email Address

Home Tel

Cell Tel

Reporting Person:

Lewis

Keisha

Danielle

Last Name

Suffix

First Name

Middle Name

174 Sycamore Street

Carrollton

Georgia, USA

30117

Street Address

Apt #

City

State/Country

Zip/Post Code

keisha.lewis.exercise@example.com

7705553036

7705553136

Email Address

Home Tel

Cell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin
☐ Employer ☐ Friend ☐ Other: Wife

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ No

MRN/CSN:

Checked By:

Employee ID:

Date/Time Checked:

Verified by:

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CONTAMINATED

T0037

Property Receipt

T0037

Destination

T0037

**TRIAGE
TAG**

T0037

S ☐ L ☐ U ☐ D ☐ G ☐ E ☐ M ☐

Age: 16

☐ Trauma

☐ Burn

☐ Cardiac

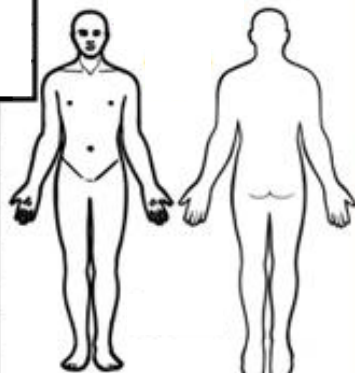
☐ Crush

☐ Fracture

☐ Laceration

☐ Penetrating

☐ Spinal



☐ Male

☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	130/86	87	18

Chief Complaint

Minor burns on your hands and arms

Minimal

Clothing:

Cheerleading uniform, white athletic shoes

Player Instructions

Your name is:

Chloe Martin

You're wearing:

Cheerleading uniform, white athletic shoes

Breathing:

You are breathing normally

Circulation:

You are not bleeding

Mental Status:

Can follow commands

Level of Consciousness:

Conscious

Mobility:

You can walk unassisted

Acting Instructions:

You keep saying "These burns hurt, can you give me something for my burns".

Loved One/Next of Kin

You're the Mother of Chloe Martin.

You last saw them on 10/6/2026 at 10:52:00 AM at Competition Staging Area.

You think they were wearing a Cheerleading uniform, but you're not sure.

If asked, their general build is Slim and complexion is Fair.

Their height is about 5 ft 4 in and weight around 118 lbs.

Their hair is Long and Brown.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - Double ear piercings

Birthmarks - None

Moles - None

If asked, your contact information is:

Melissa Martin

You live at 290 Pine Valley Road, Bremen Georgia, USA 30110.

Home Tel: 7705553037

Cell Tel: 7705553137

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-037** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Female**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Teen**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **White**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Brown**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **Double ear piercings**

☐ Glasses **No** ☐ Beard **No** ☐ Mustache **No**

Clothing Description: **Cheerleading uniform, white athletic shoes**

Jewelry Description: **Friendship Bracelet, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Chloe Martin

They are 17 years old

They are White

They were born in Bremen, Georgia, USA

They are a United States citizen

They are Single

They live at 290 Pine Valley Road, Bremen GA 30110 USA

Their significant other is

Their father is Andrew Martin

Their mother is Melissa Martin

They were reported missing by their Mother, Melissa Martin

They're wearing Cheerleading uniform, white athletic shoes

They are Student

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Martin		Chloe		Isabelle	
Last Name		Suffix	First Name	Middle Name	Maiden Name
Female	12/1/2009	White	17		
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#	
290 Pine Valley Road			Bremen	GA	30110
Street Address		Apt #	City	State	Zip/Post Code
Haralson		USA	Bremen	Georgia, USA	
County		Country	Birth City	Birth State & Country	
United States		Christian	Chloe		
Citizenship		Religious Preference	Also Known As/Alias		
chloe.martin.exercis		7705551037	7705551137		
Email Address		Home Tel	Cell Tel	Cell Provider	
Complexion: Fair ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino					
General Build: Slim ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy					
Height/Height Range: 5 ft 4 in Ft/ins / cms Weight/Weight Range: 118 lbs Lbs. / kilos					
Hair Color	Brown ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____				
Hair Length	Long ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____				
Facial Hair	None ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____				
Eyes	Blue ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Normal Vision ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None				
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Pink Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Medium				
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: Double ear piercings ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None				

Employment: **Student** ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: **Education**

Usual Occupation/Title: **High School Student**

Employer: **N/A** Employer Phone #: **N/A**

Employer Address: **N/A** Country: **N/A**

Family "Safe" Word: **None** Favorite Teacher: **None** School Grade/Year: **None**

Favorite Toy: **None** Name of School: **None** Town/City: **None**

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Melissa Martin** Relationship to person: **Mother**
Last seen where (town/city): **Competition Staging Area** Time last seen: **10:52:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **chloe.martin17** Other:

Twitter: ☐ Yes ☐ No Profile Name: **chloem17** Profile Name:

Snapchat: ☐ Yes ☐ No Profile Name: **chloecheer17** Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: Website Name:

LinkedIn: ☐ Yes ☐ No Profile Name:

Instagram:☐ Yes ☐ No Profile Name:

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: Branch: Service #:

Approximate length of service: Years Served: DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: Arrested by:

Prison/Jail location: Country: Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other

Describe Other:

Surgery: ☐ Yes ☐ No ☐ Unknown ☐ Gall Bladder ☐ Appendectomy ☐ Tracheotomy ☐ Laparotomy ☐ Caesarean ☐ Mastectomy ☐ Reconstructive ☐ Open Heart ☐ Other: None

Prosthetic: ☐ Yes ☐ No ☐ Unknown Location: **No**

Old Fractures: ☐ Yes ☐ No Description: **No**

Clothing:

Item	Color / Pattern	Description	Size
Cheerleading uniform			
White athletic shoes			
School warmup jacket			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: **Analogue Wristwatch** Make: **Fossil** Wrist: ☐ Left ☐ Right ☐ Unknown **Left**

Band Material: **Metal** Band Color: **Silver** Face Color: **White** Photo available: ☐ Yes ☐ No ☐ Unknown

Inscription:

Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Friendship Bracelet	Multicolor	None	Medium	Left Wrist
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			
Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3Material ColorStone ColorSizeWhere Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Single

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Last NameSuffixFirst NameMiddle NameMaiden Name

Wedding DateWedding Location (Country)

Email AddressHome TelCell Tel

Parents: Living

Father: ☐ Living ☐ Deceased ☐ UnknownMartinAndrewScott

Last NameFirst NameMiddle Name

andrew.martin.exercise@example.co77055520377705552137

Email AddressHome TelCell Tel

Mother: ☐ Living ☐ Deceased ☐ UnknownLivingMartinMelissaJean

Last NameFirst NameMiddle Name

melissa.martin.exercise@example.co77055522377705552337

Email AddressHome TelCell Tel

Reporting Person:

MartinMelissaJean

Last NameSuffixFirst NameMiddle Name

290 Pine Valley RoadBremenGeorgia, USA30110

Street AddressApt #CityState/CountryZip/Post Code

melissa.martin.exercise@example.co77055530377705553137

Email AddressHome TelCell Tel

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Mother

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ NoMRN/CSN:

Checked By: Employee ID:

Date/Time Checked: Verified by:

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CONTAMINATED

Property Receipt

T0038

Destination

T0038

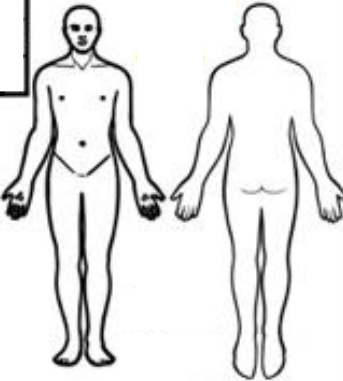
TRIAGE TAG

T0038

S
☐
L
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U
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D
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G
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E
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M
☐

Age: 44

Trauma
Burn
Cardiac
Crush
Fracture
Laceration
Penetrating
Spinal



☐ Male
☐ Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration
	None	0	0

Chief Complaint

Large wound to left side of chest.

Deceased

Clothing:

Gray sport coat, white shirt,
dark trousers

T0038

Player Instructions

Your name is:
Muhammad Khan

You're wearing:
Gray sport coat, white shirt, dark trousers

Breathing:

Patient is not breathing

Circulation:

Patient is not actively bleeding, pool of blood on the ground

Mental Status:

N/A

Level of Consciousness:

Unconscious

Mobility:

Patient cannot walk and must be carried or placed on a litter for transport

Acting Instructions:

You're dead

Loved One/Next of Kin

You're the Wife of Muhammad Khan.

You last saw them on 10/6/2026 at 10:57:00 AM at Conference Area.

You think they were wearing a Gray sport coat, but you're not sure.

If asked, their general build is Average and complexion is Medium.

Their height is about 5 ft 10 in and weight around 182 lbs.

Their hair is Short and Black.

If asked, as best you can recall they have:

Scars - None

Tattoos - None

Piercings - None

Birthmarks - None

Moles - None

If asked, your contact information is:

Ayesha Khan

You live at 61 Crescent Boulevard, Atlanta Georgia, USA 30328.

Home Tel: 4045553038

Cell Tel: 4045553138

MASS CASUALTY PATIENT TRACKING CARD

UNIQUE ID #: **MCI-038** MRN/CSN: _____

DATE: _____ TIME: _____ AM/PM

GENDER: **Male**

☐ Male ☐ Female ☐ Unknown

APPROX AGE: **Adult**

☐ Infant: 0–1 year ☐ Child: 1–12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+

ETHNICITY: **Middle Eastern**

☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian Pacific Islander ☐ White

HAIR COLOR: **Black**

☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper

☐ Dyed/Other: _____

DETAILED DESCRIPTION

PHYSICAL IDENTIFIERS (Check all that apply)

Provide detail such as Tattoo: Skull, upper left arm, or Piercing: Left eyebrow, stud.

☐ Tattoo(s): **None**

☐ Scars: **None**

☐ Piercings: **None**

☐ Glasses **Yes** ☐ Beard **Short beard** ☐ Mustache **No**

Clothing Description: **Gray sport coat, white shirt, dark trousers**

Jewelry Description: **Ring, ,**

CURRENT LOCATION

☐ Site A ☐ Site B ☐ Site C ☐ Site D ☐ OTHER: _____

☐ ED ☐ OR ☐ PACU ☐ ICU ☐ Med/Surg ☐ Other: _____

☐ TRANSFERRED TO: _____ TIME MOVED: _____

Cross-Check Information:

This patient's name is Muhammad Khan

They are 45 years old

They are Middle Eastern

They were born in Dubai, UAE

They are a United States citizen

They are Married

They live at 61 Crescent Boulevard, Atlanta GA 30328 USA

Their significant other is Ayesha Khan

Their father is Farid Khan

Their mother is Nadia Khan

They were reported missing by their Wife, Ayesha Khan

They're wearing Gray sport coat, white shirt, dark trousers

They are Employed

Age: ☐ Infant: 0-1 year ☐ Child: 1-12 ☐ Teen: 13-18 ☐ Adult: 18-65 ☐ Senior: 65+
Gender: ☐ Male ☐ Female ☐ Unknown
Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Indian ☐ Pacific Islander ☐ White
Hair Color: ☐ Auburn ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Salt/Pepper ☐ Dyed/Other
Identifiers: ☐ Tattoos ☐ Scars ☐ Piercings ☐ Birthmarks/Moles

Reunification Information Form

Please provide as much detailed information about the person you are looking for as possible.
Please use a separate form for each person.

Khan		Muhammad		Farooq		
Last Name		Suffix	First Name		Middle Name	Maiden Name
Male	11/27/1981	Middle Eastern	45			
Gender	DOB (MM/DD/YYYY)	Race	Age/Age Range	SSN/ID#		
61 Crescent Boulevard			Atlanta	GA	30328	
Street Address		Apt #	City	State	Zip/Post Code	
Fulton	USA	Dubai	UAE			
County	Country	Birth City	Birth State & Country			
United States	Muslim	Moe				
Citizenship	Religious Preference	Also Known As/Alias				
muhammad.khan.ex	4045551038	4045551138				
Email Address	Home Tel	Cell Tel	Cell Provider			
Complexion: Medium ☐ Fair/Light ☐ Medium ☐ Olive ☐ Dark/Brown ☐ Albino						
General Build: Average ☐ Slim ☐ Average ☐ Athletic ☐ Muscular ☐ Stocky ☐ Heavy						
Height/Height Range: 5 ft 10 in Ft/ins / cms Weight/Weight Range: 182 lbs Lbs. / kilos						
Hair Color	Black ☐ Auburn ☐ Blonde ☐ Gray ☐ Salt/Pepper ☐ Black ☐ Brown ☐ Red ☐ White ☐ Dyed: _____ ☐ Other: _____					
Hair Length	Short ☐ Bald ☐ Short <3" ☐ Male Pattern Baldness ☐ Shaved ☐ Medium ☐ Curly ☐ Wavy ☐ Straight ☐ Long >3" ☐ Other: _____					
Facial Hair	Beard ☐ Yes ☐ No ☐ Unknown ☐ Beard ☐ Goatee ☐ Stubble ☐ Mustache ☐ Sideburns ☐ Lower Lip ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt/Pepper ☐ Other: _____					
Eyes	Brown ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Black ☐ Other: _____ Glasses ☐ Both intact ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract R ☐ Cataract L ☐ Contacts ☐ Glasses ☐ Corneal Implant ☐ None					
Fingernails	Natural ☐ Natural ☐ Artificial ☐ Unknown Color: Natural Design: None Jewelry: None ☐ Extremely Long ☐ Long ☐ Medium ☐ Short Short					
Physical Identifiers	☐ Dental Braces No ☐ Birthmark: None ☐ Mole: None ☐ Piercing: None ☐ Tattoo: None ☐ Medical Device: None ☐ Scars: None					

Employment: Employed ☐ Yes ☐ No ☐ Unknown Type of Business/Industry: Technology

Usual Occupation/Title: IT Director

Employer: Secure Data Solutions Employer Phone #: 4045554038

Employer Address: 500 Technology Parkway Atlanta GA Country: USA

Family "Safe" Word: None Favorite Teacher: None School Grade/Year: None

Favorite Toy: None Name of School: None Town/City: None

Travelling with: ☐ Alone ☐ Group **No** Group Type: **None** Group Name: **None**
Date last seen: **10/6/2026** Last seen by :**Ayesha Khan** Relationship to person: **Wife**
Last seen where (town/city): **Conference Area** Time last seen: **10:57:00 AM** AM/PM

Social Media:

Facebook: ☐ Yes ☐ No Profile Name: **muhammad.khan45** _____ Other: _____

Twitter: ☐ Yes ☐ No Profile Name: **mkhan45** _____ Profile Name: _____

Snapchat: ☐ Yes ☐ No Profile Name: _____ Photo Online: ☐ Yes ☐ No ☐ Unknown

YouTube: ☐ Yes ☐ No Profile Name: _____ Website Name: _____

LinkedIn: ☐ Yes ☐ No Profile Name: **muhammad-khan45** _____

Instagram: ☐ Yes ☐ No Profile Name: _____

Military Service (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Served: ☐ Yes ☐ No ☐ Unknown **No** Country Served: _____ Branch: _____ Service #: _____
Approximate length of service: _____ Years Served: _____ DNA Taken: ☐ Yes ☐ No ☐ Unknown

Criminal History/Fingerprints (DO NOT ADD TO PATIENT’S ELECTRONIC HEALTH RECORD)

Criminal History: ☐ Yes ☐ No ☐ Unknown **No** Date of Last Arrest: _____ Arrested by: _____
Prison/Jail location: _____ Country: _____ Fingerprinted? ☐ Yes ☐ No ☐ Unknown

Foreign Objects: ☐ Yes ☐ No ☐ Unknown ☐ Pacemaker ☐ Bullet ☐ Implant ☐ Needle ☐ Shrapnel ☐ Other
Describe Other: _____
Surgery: ☐ Yes ☐ Gall Bladder ☐ Laparotomy ☐ Reconstructive Prosthetic: ☐ Yes ☐ No ☐ Unknown
☐ No ☐ Appendectomy ☐ Caesarean ☐ Open Heart Location: **No** _____
☐ Unknown ☐ Tracheotomy ☐ Mastectomy ☐ Other: Appendectomy _____
Old Fractures: ☐ Yes ☐ No Description: **No** _____

Clothing:

Item	Color / Pattern	Description	Size
Gray sport coat			
White shirt			
Dark trousers			

Jewelry:

Wears A Watch: ☐ Yes ☐ No ☐ Unknown Type: _____ Make: _____ Wrist: ☐ Left ☐ Right ☐ Unknown
Band Material: _____ Band Color: _____ Face Color: _____ Photo available: ☐ Yes ☐ No ☐ Unknown
Inscription: _____
Normally Wears Jewelry: ☐ Yes ☐ No ☐ Unknown **Yes**

Ring	Silver	None	Medium	Right Hand
Jewelry 1	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 2	Material Color	Stone Color	Size	Where Worn?
Inscription:	Photo Available: ☐ Yes ☐ No ☐ Unknown			

Jewelry 3Material ColorStone ColorSizeWhere Worn?

Inscription: Photo Available: ☐ Yes ☐ No ☐ Unknown

Next Of Kin: Married

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐ Domestic Partner ☐ Civil Union ☐ Engaged ☐ Unknown

Partner/Spouse Information:

Khan		Ayesha	Mariam	Rahman
Last Name	Suffix	First Name	Middle Name	Maiden Name
12/11/2007		Atlanta, GA		
Wedding Date	Wedding Location (Country)			
ayesha.khan.exercise@example.com	4045553038	4045553138		
Email Address	Home Tel	Cell Tel		

Parents: Living

Father: ☐ Living ☐ Deceased ☐ Unknown

Khan		Farid	Ahmed
Last Name		First Name	Middle Name
farid.khan.exercise@example.com	4045552038	4045552138	
Email Address	Home Tel	Cell Tel	

Mother: ☐ Living ☐ Deceased ☐ Unknown

Khan		Nadia	Farah
Last Name		First Name	Middle Name
nadia.khan.exercise@example.com	4045552238	4045552338	
Email Address	Home Tel	Cell Tel	

Reporting Person:

Khan		Ayesha	Mariam
Last Name	Suffix	First Name	Middle Name
61 Crescent Boulevard		Atlanta	Georgia, USA
Street Address	Apt #	City	State/Country
ayesha.khan.exercise@example.com	4045553038	4045553138	
Email Address	Home Tel	Cell Tel	

Relationship to Patient: ☐ Spouse ☐ Domestic Partner ☐ Father ☐ Mother ☐ Brother ☐ Sister ☐ Son ☐ Daughter ☐ Uncle ☐ Aunt ☐ Cousin

☐ Employer ☐ Friend ☐ Other: Wife

STAFF ONLY:

Patient in Epic: ☐ Yes ☐ NoMRN/CSN:

Checked By: Employee ID:

Date/Time Checked: Verified by:

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