

**Exhibit A**

**SOUTH TEXAS COLLEGE OF LAW  
AUTOMATED EXTERNAL DEFIBRILLATOR (AED) PROGRAM  
POST INCIDENT REPORT**

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Time of Emergency Responder's Arrival at Incident: \_\_\_\_\_

Witnessed Incident: (Circle One)    YES    NO                      Emesis (Vomit):    YES    NO

Signs of trauma: (Circle One)    YES    NO                      CPR performed:    YES    NO

If CPR performed, by whom: (Circle One)              Emergency Responder              Bystander

Bystander name(s):  
\_\_\_\_\_

Shockable rhythm: (Circle One)    YES    NO              If YES, total number delivered: \_\_\_\_\_

Skin color upon arrival (pale, blue, ashen, etc.): \_\_\_\_\_

Position patient was found in (lying, sitting, etc.): \_\_\_\_\_

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EMS arrival time: \_\_\_\_\_              Police Report No. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of Emergency Responder: \_\_\_\_\_

Signature: \_\_\_\_\_              Date: \_\_\_\_\_

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Name of Director of Security & Office Services: \_\_\_\_\_

Signature: \_\_\_\_\_              Date: \_\_\_\_\_

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