PPCR Data Format
July 19, 2001

Field Name	Length	Start Position	End Position
Agency Number	5	1	5
Jurisdiction Incident Number	8	6	13
Incident Location	5	14	18
Location Type	2	19	20
Type of Service	2	21	22
Incident Disposition	2	23	24
Attendant in Charge	2	25	26
Attendant 1	2	27	28
Attendant 2	2	29	30
Operator	2	31	32
Date Incident Reported	8	33	40
Time of Call	4	41	44
Dispatched (Time Unit Notified)	4	45	48
Responding (Time Unit Responding)	4	49	52
Arrive Scene (Time Arrival at Scene)	4	53	56
Arrive Patient (Time Arrival at Patient)	4	57	60
Leave Scene (Time Unit Left Scene)	4	61	64
Arrive Destination (Time Arrival at Dest.)	4	65	68
Leave Destination (Time Left Dest.)	4	69	72
Return Service (Time Back in Service)	4	73	76
Patient's City/Co. FIPS (Residence)	5	77	81
Patient's ZIP Code (Residence)	5	82	86
Social Security Number	9	87	95
Date of Birth	8	96	103
Age	3	104	106
Age Modifier	1	107	107
Gender	2	108	109
Race/Ethnicity	2	110	111
Pre-Existing Condition (up to 5)	10	112	121
Mechanism of Injury (up to 5)	10	122	131
Injury Description (up to 5)	10	132	141
Signs & Symptoms (up to 5)	10	142	151
Unused – Spaces	2	152	153
Systolic/Diastolic Blood Pressure (See Below)	6	154	159
Initial Vital Signs: Pulse	3	160	162
Initial Vital Signs: Respiratory Rate	2	163	164
Respiratory Effort	2	165	166
Skin Perfusion	2	167	168
Glasgow Eye Opening Component	2	169	170
Glasgow Verbal Component	2	171	172
Glasgow Motor Component	2	173	174
Time Cardiac Arrest Witnessed	4	175	178
Time 1st CPR	4	179	182
Provider of First CPR	2	183	184
Time of First Defibrillation	4	185	188
Provider of First Defibrillation	2	189	190
Defibrillation Device	2	191	192
Time CPR Discontinued	4	193	196
Time Circulation Returned	4	197	200

EKG Initial	2	201	202
EKG Last	2	203	204
Procedures (Include all performed)	60	205	264
Treatment Authorization	2	265	266
MV Impact (up to 5)	10	267	276
Safety Equipment (up to 5)	10	277	286
Level of Care Provided	2	287	288
Destination Transferred	2	289	290
Destination Determination	2	291	292
Receiving Facility	5	293	297
Clinical Assessment (up to 5)	10	298	307
Units Responding	1	308	308
Type of Call	2	309	310
Version (OEMS Software) Layout Number (Approved Vendors)	2	311	312

Notes: All codes are two positions. If a code is a single digit, the code will appear in the second digit of the data field. Zero fill single digit codes.

Use the following codes:	77	Other
	88	Not Applicable
	99	Unknown

For Time Fields:	8888	Not Applicable
	9999	Unknown

			Patient Age	Code
For Age Modifier:	Y	Years	6 Years Old	006Y
	M	Months	6 Months Old	006M
	D	Days	6 Days Old	006D
	D	Days	Less than 1 Day	000D
	U	Unknown	Unknown	999U

For Blood Pressure & Vital Signs:	777	Palpated	Example 120/p	120777
	888 or 88	Not Obtained		
	999 or 99	Unable to Obtain		