



For Agency ID 1735 - AAA Fast Ambulance Services

Agency Information
 Agency director
 Deputy director
 Medical Director
 Your name

Please complete the following information request for your agency. Information provided should be for the calendar year ending December 31, 2008 .

If requested information is not applicable to your agency, please write "n/a" in the space provided.

Submission Year: 2009

Demographics
 Personnel
 Requests for Service
 Data Collection
 Counties
 Organization
 Vehicles
 Aircraft
 Op Safety

Finish

A. Agency Information

[Help](#)

1. Agency Name:	AAA Fast Ambulance Services
2. Agency DBA Name:	AAA Fast Ambulance Services
3. Addresses:	
3a. Mailing Address:	1234 That One Way
City:	Denver
State:	CO
County:	
Zip Code:	80211
3b. Physical Address:	<input type="checkbox"/> Check here if physical address is same as mailing address.
Street Address:	1234 w That One Way
City:	Denver
State:	CO
County:	Alamosa
Zip Code:	80211
4. Main Phone Number:	(303) 555 - 1234 ext. 1
5. Contact person:	
First Name:	Dan
Middle Initial:	R
Last Name:	Director
6. Fax Number:	() -
7. Web Site:	www.AAAFastAmbSrv.com
8. E-Mail:	kris.kiburz@state.co.us
9. Emergency 24 hour Phone Number:	(303) 111 - 2222 ext. 3
10. Emergency 24 hour contact:	Bill Smith
(i.e. Dispatch center or person carrying pager)	
11. RETAC Affiliated With:	Mile-High

B. Licensing

Help

- 1. Is this agency a licensed ground ambulance service? Yes No
- 2. Is this agency a licensed air ambulance service? Yes No
- 3. If not a licensed transport agency, does this agency occasionally transport patients? Yes No
- 4. At what level is this agency licensed?
Check all that apply, if not licensed, check None. BLS
 ALS
 Critical Care
 None

C. Services

Check all services or roles that this agency provides.

Help

<input checked="" type="checkbox"/> Ground Transport	<input type="checkbox"/> QRT	<input type="checkbox"/> Training
<input type="checkbox"/> Fire	<input type="checkbox"/> Wheelchair Transport	<input type="checkbox"/> Hospital/Clinic
<input type="checkbox"/> HAZMAT	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> RETAC
<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> Air Transport	<input type="checkbox"/> Other (enter below)
<input type="checkbox"/> Heavy Rescue	<input type="checkbox"/> Ski Patrol	Other:

I have reviewed all of the information on this page and verify that it is accurate and up to date.

Please be advised that the information you are providing is a matter of public record.



For Agency ID 1735 - AAA Fast Ambulance Services

- Agency Information
- Agency director
- Deputy director
- Medical Director
- Your name

Personnel

- Demographics
- Personnel
- Requests for Service
- Data Collection
- Counties
- Organization
- Vehicles
- Aircraft
- Op Safety
- Finish

[Help](#)

For each level of responding personnel, please indicate how many are	Employed		Volunteer	Total
	Full Time	Part Time		
1. EMT-Basic	1	2	3	6
2. EMT-Intermediate	4	5	6	15
3. EMT-Paramedic	7	8	9	24
4. First Responder	10	11	12	33
5. Nurse	13	14	15	42
6. Other	16	17	18	51
7. Total Personnel	51	57	63	171

I have reviewed all of the information on this page and verify that it is accurate and up to date.

Page 5 of 11

Please be advised that the information you are providing is a matter of public record.



Agency 1735 - AAA Fast Ambulance Services

Agency Information
 Agency director
 Deputy director
 Medical Director
 Your name

Demographics
 Personnel
 Requests for Service
 Data Collection
 Counties
 Organization
 Vehicles
 Aircraft
 Op Safety

Finish

A. Requests for service for calendar year 2008

[Help](#)

Response Type	Total number of calls	Number of Calls Found in MATRIX
1. Emergency response with transport:	1	1
2. Emergency response without transport:	<input type="text"/>	<input type="text"/>
3. Non-Emergency:	<input type="text"/>	<input type="text"/>
4. Standby:	<input type="text"/>	<input type="text"/>
5. Canceled calls:	<input type="text"/>	<input type="text"/>
6. Other:	<input type="text"/>	0
7. Total requests for service:	1	1

Click this button to re-count the number of requests for service from MATRIX:

Click this button to copy the MATRIX numbers from the second column into the first column:

B. Data Collection / System Participation

MATRIX Data Collection System Participation

[Help](#)

1. What Data Collection System are you using at your Agency Now (Paper system or Name of Software Vendor)

Other system, not on the list:

Other System Participation

2. Ross (Colorado State Emergency Resource Inventory Report) Agency ID Number:

For more information on the ROSS program, see [Colorado Emergency Resource Inventory web site](#).

3. Is your agency National Incident Management System (NIMS) compliant? Yes No

For more information on the NIMS program, see the [FEMA National Integration Center Incident Management System Division web site](#).

I have reviewed all of the information on this page and verify that it is accurate and up to date.



Agency 1735 - AAA Fast Ambulance Services

- Agency Information
- Agency director
- Deputy director
- Medical Director
- Your name

Organizational / Financial Structure

- Demographics
- Personnel
- Requests for Service
- Data Collection
- Counties
- Organization
- Vehicles
- Aircraft
- Op Safety
- Finish

Help

<p>1. Organization Types: Check all that apply</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hospital Based <input type="checkbox"/> Fire Based <input type="checkbox"/> Non-profit Community <input type="checkbox"/> Private Non-Hospital <input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government <input type="checkbox"/> Special District <input type="checkbox"/> Tribal <input type="checkbox"/> Other _____ <p>Describe:</p>
<p>2. Legal Status: Check all that apply</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Private Nonprofit <input type="checkbox"/> Private for Profit <input type="checkbox"/> City / County Government <input type="checkbox"/> State Agency <input type="checkbox"/> Special District <input type="checkbox"/> Other _____ <p>Describe:</p>
<p>3. Funding Types: Check all that apply</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Patient Fees <input type="checkbox"/> Service Fees <input type="checkbox"/> Private Grant <input type="checkbox"/> State Grant <input type="checkbox"/> Federal Grant <input type="checkbox"/> Private Fundraising <input type="checkbox"/> Corporate Fundraising <input type="checkbox"/> Municipal Contract <input checked="" type="checkbox"/> Taxes / Mill Levy <input type="checkbox"/> Other _____ <p>Describe:</p>
<p>4. Billing Methods: Check one</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Contract Service <input type="radio"/> Agency <input type="radio"/> No Billing / Accounting

I have reviewed all of the information on this page and verify that it is accurate and up to date.



Agency 1735 - AAA Fast Ambulance Services

Agency Information
 Agency director
 Deputy director
 Medical Director
 Your name

Demographics of Service Area

[Help](#)

Demographics
 Personnel
 Requests for Service
 Data Collection
 Counties
 Organization
 Vehicles
 Aircraft
 Op Safety

Finish

1. Number of years that this agency has provided EMS services	<input type="text" value="5"/>	
2. Population Density Category:	<input type="text" value="Suburban"/>	
3. Employment Type:	<input type="text" value="Paid"/>	
4. Number of stations for this agency:	<input type="text" value="2"/>	
5. Most Frequent mode of patient transport:	<input type="text" value="Ground"/>	
6. Average Call Time: Median call time from MATRIX: Not available	<input type="text" value="45"/>	minutes
7. Distance to the nearest hospital:	<input type="text" value="20"/>	miles
8. Average round trip mileage per call:	<input type="text" value="50"/>	miles

I have reviewed all of the information on this page and verify that it is accurate and up to date.

Page 4 of 11

Please be advised that the information you are providing is a matter of public record.

Colorado Department of Public Health and Environment



For Agency 1735 - AAA Fast Ambulance Services

Agency Information
Agency director
Deputy director
Medical Director
Your name

Counties this agency is licensed in

Check all counties where this agency is licensed for Ground transport services:

[Help](#)

Demographics
Personnel
Requests for Service
Data Collection
Counties
Organization
Vehicles
Aircraft
Op Safety
Finish

<input type="checkbox"/> Adams	<input type="checkbox"/> Fremont	<input type="checkbox"/> Morgan
<input type="checkbox"/> Alamosa	<input type="checkbox"/> Garfield	<input type="checkbox"/> Otero
<input type="checkbox"/> Arapahoe	<input type="checkbox"/> Gilpin	<input type="checkbox"/> Ouray
<input type="checkbox"/> Archuleta	<input type="checkbox"/> Grand	<input type="checkbox"/> Park
<input checked="" type="checkbox"/> Baca	<input type="checkbox"/> Gunnison	<input type="checkbox"/> Phillips
<input type="checkbox"/> Bent	<input type="checkbox"/> Hinsdale	<input type="checkbox"/> Pitkin
<input checked="" type="checkbox"/> Boulder	<input type="checkbox"/> Huerfano	<input type="checkbox"/> Prowers
<input type="checkbox"/> Broomfield	<input type="checkbox"/> Jackson	<input type="checkbox"/> Pueblo
<input type="checkbox"/> Chaffee	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Rio Blanco
<input type="checkbox"/> Cheyenne	<input type="checkbox"/> Kiowa	<input type="checkbox"/> Rio Grande
<input type="checkbox"/> Clear Creek	<input type="checkbox"/> Kit Carson	<input type="checkbox"/> Routt
<input type="checkbox"/> Conejos	<input type="checkbox"/> La Plata	<input type="checkbox"/> Saguache
<input type="checkbox"/> Costilla	<input type="checkbox"/> Lake	<input type="checkbox"/> San Juan
<input type="checkbox"/> Crowley	<input type="checkbox"/> Larimer	<input type="checkbox"/> San Miguel
<input type="checkbox"/> Custer	<input type="checkbox"/> Las Animas	<input type="checkbox"/> Sedgwick
<input type="checkbox"/> Delta	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Summit
<input type="checkbox"/> Denver	<input type="checkbox"/> Logan	<input type="checkbox"/> Teller
<input type="checkbox"/> Dolores	<input type="checkbox"/> Mesa	<input type="checkbox"/> Washington
<input type="checkbox"/> Douglas	<input type="checkbox"/> Mineral	<input type="checkbox"/> Weld
<input type="checkbox"/> Eagle	<input type="checkbox"/> Moffat	<input type="checkbox"/> Yuma
<input type="checkbox"/> El Paso	<input type="checkbox"/> Montezuma	<input type="checkbox"/> Other
<input type="checkbox"/> Elbert	<input type="checkbox"/> Montrose	

I have reviewed all of the information on this page and verify that it is accurate and up to date.

Please be advised that the information you are providing is a matter of public record.



Agency 1735 - AAA Fast Ambulance Services

Agency Information
 Agency director
 Deputy director
 Medical Director
 Your name

Demographics
 Personnel
 Requests for Service
 Data Collection
 Counties
 Organization
 Vehicles
 Aircraft
 Op Safety

Finish

Vehicle Inventory

Click to Update	Vehicle Unit Number	Make / Model	Chassis / Box Year	Mileage	Equipped For	4WD	Type KKK.1822 / Ross	Bought with EMS Funds	Date Replacing this Vehicle
Update	13545	Toyota / Highlander	2005 / 2003	120,000	ALS		III /	Yes	1/1/2014

Add New Vehicle

Help

- Vehicle Unit Number:
- Make:
- Model:
- Chassis Year:
- Box Year:
- VIN Number:
- Mileage:
- Equipped For:
- Four Wheel Drive: Yes No
- Type Code KKK.1822 (see below):
- Ross Type Code:
See [ROSS Emergency Medical Services](#) for coding instructions
- Bought with EMS Funds: Yes No
- Date Replacing this Vehicle:
(mm/dd/yy)
- Does this ambulance have the essential pediatric equipment and supplies as outlined in the AAP/ACEP joint guidelines for BLS and ALS ambulances?
For a list of these items, see [EMSC_Checklist.pdf](#)
 - Yes - all items
 - Yes - most but not all items
 - No
 - Don't know
- Unique features or Special Equipment:

Please list any features, equipment, supplies, add-ons, trailers or other items that could be provided on scene during a mass casualty incident as well as any other special capabilities this vehicle may be equipped to provide.

Instructions for coding Type kkk.2822:

Code	Description
I	Ambulance - Conventional truck, cab-chassis with modular ambulance body
II	Ambulance - Standard Van, integral cab-body ambulance
III	Ambulance - Cutaway Van, cab-chassis with integrated modular ambulance body
FR	Any vehicle used for first response – Licensed as Class "A" (Chase, Rapid or first Response)
RESCUE	Rescue Vehicle
AIR	Note: These are entered on the Aircraft Inventory listed on the next page.

Please be advised that the information you are providing is a matter of public record.

Colorado Department of Public Health and Environment