Manitowoc County EMS Incident Report

Reason for Report:

( ) Constructive ( ) Medical Direction Related ( ) Other (Explained below)
( ) Complimentary ( ) Patient Related ( ) EMS provider Related

Occurrence Date: / / Occurrence Time: a.m./p.m. Run#: _____

CAD Incident Number: _____

Patient Name:

Name of EMS Service:

EMS Team Members:

Hospital: Nurse:

Physician (Hospital): Other(s):

Description of occurrence or events (use additional paper if necessary)

Follow-up/Corrective Action by medical director and service director:

Person initiating report: _____ Date Submitted: / /

Medical Director:_____ Date: / /

Report shall be turned into service director or medical director within 24 hours of event!!