EMS SERIOUS INCIDENT REPORT FORM*

(1.) Name of Service: ________________________________

(2.) Person Completing Form: _________________________
   a. Phone #: ______________________
   b. Fax #: ________________________
   c. E-Mail: ________________________

(3.) Service ID# ________________________

(4.) Type of Service:
   a. Ambulance: ________________
   b. Emergency First Response (EFR): _______________

(5.) Date of Incident: ________________________

(6.) Names and certification numbers of EMS Personnel involved in incident:

________________________________________________
________________________________________________
________________________________________________

(7.) Trip Record (s) Number(s): __________________________
   c. Copy Attached: ______________________
   d. Copy Not Attached(Explain Why): ________________________

(8.) Nature of Incident (Check all that apply):
   a. □ PATIENT INJURY RESULTING FROM THE INCIDENT*
   b. □ MEDICATION ERROR
   c. □ PROTOCOL VIOLATION
   d. □ MEDICAL/COMMUNICATION DEVICE FAILURE
   e. □ REPORTABLE MOTOR VEHICLE CRASH *
      i. VEHICLE LICENSE PLATE #: ___________
      ii. PRIMARY GARAGING LOCATION: ___________________________

   f. □ VEHICLE FIRE*
      i. VEHICLE LICENSE PLATE #: ___________
      ii. PRIMARY GARAGING LOCATION: ___________________________

   g. □ VEHICLE THEFT*
      i. VEHICLE LICENSE PLATE #: ___________

* MUST BE SCANNED AND EMAILED, OR PROVIDE THE INFORMATION REQUIRED BY THIS FORM IN THE BODY OF AN EMAIL AND SEND, TO DPH/OEMS at OEMS.SIR@state.ma.us WITHIN 5 BUSINESS DAYS FOLLOWING INCIDENT. PLEASE NOTE THIS IS A SPECIAL EMAIL ADDRESS SOLELY FOR SUBMISSION OF SERIOUS INCIDENT REPORTS. DO NOT EMAIL TRIP RECORDS: SUBMIT THEM BY FAX TO (617) 753-7320.
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ii. PRIMARY GARAGING LOCATION: ____________________________

h. □ DELAY IN EMERGENCY DEPARTMENT TRANSFER** (Greater than 30 minutes)
   i. FACILITY NAME: ________________________________________________
   ii. ARRIVAL TIME AT FACILITY: ________________________________
   iii. COMPLETION OF TRANSFER TIME: ____________________________

(9.) Nature of Incident (continued)
   i. □ OTHER (EXPLAIN) ____________________________________________

(10.) Brief description of incident:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

______________________________  ________________________
SIGNATURE and TITLE         DATE SIGNED

______________________________  ________________________
PRINT NAME                   EMT NUMBER (if any)

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