



# 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](mailto: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.**



# EMS SERIOUS INCIDENT REPORT FORM\*



ii. PRIMARY GARAGING LOCATION: \_\_\_\_\_

h.  DELAY IN EMERGENCY DEPARTMENT TRANSFER\*\* (Greater than 30minutes)

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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