



Emergency Medical Services Agency Unusual Occurrence Report EMS-903

(Refer to The Back of This Form For Directions)

1. Incident Date/Time	2. Provider Agency Name	3. Event #	4. Reporting Date
5. Address or Location of Incident			
6. Person Reporting Incident			
7. Preferred Method of Contact			
Email:		Address:	
Phone:		Fax:	
8. Affiliation		9. Unit	
10. Type of Incident			
11. Incident Description: Be as specific as possible. Include names, addresses, times, dates, etc. Use separate sheets of paper if necessary.			
12. Attachments YES / NO # of pages or documents _____			
FOR EMS AGENCY USE		EMSA Incident #	
Final Disposition:		Date received:	
Reviewed By:		Date closed:	

Unusual Occurrence Report Form Directions

1. Incident Date and Time: Please be sure to indicate the date and time of incident here. This will make information related to the incident much more accessible.
2. Agency: Indicate the agency from which the event number is generated.
3. Event Number: If there is an event number assigned to the incident please be sure to note it here.
4. Reporting Date: This should be the date that the report is being prepared and reported.
5. Address or Location of Incident: Self-explanatory.
6. Person Reporting Incident: This section can be left blank if the reporting party wants to remain anonymous. Please keep in mind that if the reporting party chooses to remain anonymous, a status of the report cannot be given.
7. Preferred Method of Contact: This should be information that will allow the reporting party to be contacted for more information or clarification and to be notified of the status of the incident.
8. Affiliation: If the reporting party is affiliated with an agency such as a Fire Department, Ambulance Company or hospital, please indicate that here.
9. Unit #: This is for Engine #, Ambulance # etc.
10. Type of Incident: Circle the incident type that best applies. If none apply, circle "N) Other", and give a brief description of the incident type.
11. Incident Description: Please print clearly and legibly. A typed incident description is acceptable, simply circle attachments "YES" in section 12 and attach the typed statement.
12. Attachments: If additional documentation, such as PCR's, accident reports or a continuation of the incident description is necessary, then circle YES and indicate the # of total attached pages.

Completed Unusual Occurrence reports can be faxed to: **(408) 885-3538** or
Mailed to:

**Santa Clara County Emergency Medical Services Agency
Compliance Officer
645 South Bascom Avenue, Room 138
San Jose, CA 95128**

or

A similar format of this form can be found on The EMS Agency's Website at:
www.sccemsagency.org and can be electronically mailed.

Thank you for taking the time to complete the Unusual Occurrence Form. All reports are prioritized and acted on accordingly. If you have any questions concerning the status of a report or have additional information, please contact the Agency at (408) 885-4258