



Section: 900 Application & Forms

Form: 916

Rev. 8/2017

UNUSUAL OCCURRENCE / INCIDENT REPORT

Completed Incident Reports can be emailed to kmangano@cosb.us or FAXED to 831-636-4165

Incident Date/Time:	Provider Agency Name:	Event #	Reporting Date:
Address or Location of Incident:			
Person Reporting Incident and Title:			
Preferred Method of Contact: <input type="checkbox"/> Email: _____ <input type="checkbox"/> Phone: _____			Unit #:
Type of Incident:			
Incident Description: Be as specific as possible. Include names, addresses, times, dates, etc. Use separate sheets of paper if necessary.			
Attachments: YES / NO # of additional pages or documents _____			
FOR EMS AGENCY USE			
Final Disposition:		Date received:	
Reviewed By:		Date closed:	