



COUNTY OF MONTEREY | HEALTH DEPARTMENT  
**Emergency Medical Services Agency**

1441 Schilling Place, Salinas, CA 93901 | PH: 831-755-5013 FX: 831-755-8040



**Unusual Occurrence Reporting Form**  
 Appendix A

AGENCY USE ONLY

**INCIDENT INFORMATION**

PCR #: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

**INCIDENT LEVEL**

MANDATORY: \_\_\_\_\_

IMMEDIATE: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

REPORTING AGENCY

\_\_\_\_\_

EMS AGENCY EVENT #

\_\_\_\_\_

**AGENCY(S) INVOLVED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NAME OF PERSONNEL**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RANK**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

**SUBMISSION CHECKLIST**

- Patient Care Reports
- Incident Report(s)
- Base/Receiving Hospital Documentation
- Dispatch Information

**SUMMARY OF EVENT:**