



# EMS SERIOUS INCIDENT REPORT FORM\*

(For self-reporting by ambulance services only)



- (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 (including if MVC)\*
  - b.  MEDICATION ERROR
  - c.  PROTOCOL VIOLATION
  - d.  MEDICAL/COMMUNICATION DEVICE FAILURE
  - e.  REPORTABLE MOTOR VEHICLE CRASH \* (Submit RMV Report Form)
    - i. VEHICLE LICENSE PLATE #: \_\_\_\_\_
    - ii. PRIMARY GARAGING LOCATION: \_\_\_\_\_
    - iii. AMBULANCE USING LIGHTS AND SIRENS AT THE TIME? \_\_\_\_\_
    - iv. PATIENT ON BOARD AT THE TIME? \_\_\_\_\_
  - f.  VEHICLE FIRE\*
    - i. VEHICLE LICENSE PLATE #: \_\_\_\_\_
    - ii. PRIMARY GARAGING LOCATION: \_\_\_\_\_

**\* 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.**

**EMS SERIOUS INCIDENT REPORT FORM\***  
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(9.) Nature of Incident (continued)

g.  VEHICLE THEFT\*

i. VEHICLE LICENSE PLATE #: \_\_\_\_\_

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

h.  OTHER (EXPLAIN) \_\_\_\_\_

(10.) Brief description of incident:

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

\_\_\_\_\_  
SIGNATURE and TITLE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
EMT NUMBER (if any)

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