



# Santa Cruz County EMS Agency

## EMERGENCY MEDICAL SERVICES DIVISION

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Medical Director

### UNUSUAL OCCURRENCE REPORT

Completed Unusual Occurrence Reports can be emailed to [brenda.brenner@santacruzcounty.us](mailto:brenda.brenner@santacruzcounty.us) or FAXED to 831-454-4488

Incident Date/Time:	Provider Agency Name:	Event #	Reporting Date:
Address or Location of Incident:			
Person Reporting Incident and Title:			
Preferred Method of Contact: Email:			Unit #
Phone:			
Type of Incident:			
Incident Description: Be as specific as possible. Include names, addresses, times, dates, etc. Use Page 2 and/or a separate sheets of paper if necessary.			
Attachments:	YES	NO	# of additional pages or documents
FOR EMS AGENCY USE			
Final Disposition:	Date received:	Case Number:	
Reviewed By:	Date closed:		

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Incident Date/Time:	Provider Agency Name:	Event #	Reporting Date:
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Person Reporting Incident and Title:

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