

# Orange County Emergency Management – EMS Division

## Safety / Incident / Information Report Form

Date of occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Unit(s) or Department involved: \_\_\_\_\_

Callsign numbers if applicable or known: \_\_\_\_\_

Nature of incident (describe in detail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Actions taken by you (describe in detail including any associated risks): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resolution, suggestions, or corrective action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report date: \_\_\_\_\_ Reporting personnel signature: \_\_\_\_\_

Receipt date: \_\_\_\_\_ Receiving officer signature: \_\_\_\_\_

Write on back if additional space is needed

OCEM Incident Form  
08/17/1995