



**EMERGENCY MEDICAL SERVICES DIVISION**

Dave Ghilarducci, MD, FACEP  
Medical Director

**UNUSUAL OCCURRENCE REPORT**

Completed Unusual Occurrence Reports can be emailed to [kmangano@cosb.us](mailto: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: 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:	
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