



**08-0101E - Unusual Occurrence Report**

Agency Name:		Reporting Party Name:			
Today's Date:		Incident Date:	Incident Time:	Incident #:	
<b>Critical Ambulance Failure (Vehicle Assigned to a Call for Service)</b>					
Vehicle #:		Mileage:		Patient on Board: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Preventative Maintenance Date:			Last Preventative Maintenance Mileage:		
<b>Initial Unit Times:</b>					
Dispatch:		At Scene:	Transport:	Failure:	
<b>Subsequent Unit Times:</b>					
Unit ID:	Dispatch:	At Scene:	Transport:	Hosp:	
Was Patient Care Affected: <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe how it was or was not in the summary below.					
<b>Aircraft Failure/ Aborted Mission (Aircraft Assigned to a Call for Service)</b>					
Tail #:		Call Sign:		Patient on Board: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Preventative Maintenance Date:			Last Inspection Date:		
<b>Initial Unit Times:</b>					
Dispatch:		At Scene:	Transport:	Failure:	
<b>Reason for Failure or Abort</b>					
<input type="checkbox"/> Weather <input type="checkbox"/> Mechanical <input type="checkbox"/> Crew <input type="checkbox"/> Other. Describe in detail in the summary below.					
Was Patient Care Affected: <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe how it was or was not in the summary below.					
<b>Medical Equipment Failure During Patient Care</b>					
Was Patient Care Affected: <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe how it was or was not in the summary below.					
Equipment Involved:					
Date of Last Preventative Maintenance:					
<b>Delayed Ambulance or Aircraft Response</b>					
Incident Location:			Nature of Incident:		
Aircraft/Ambulance Location: <i>(At time of dispatch)</i>					
<b>Unit Times:</b>					
Received:	Accepted:	ETA Given:	Enroute:	At Scene:	
Describe in detail in the summary below the reason(s) for the response delay.					
<b>Inaccurate EMS Aircraft ETA (greater than 5 minutes)</b>					
Unit ID:	Time of Request:		ETA Given:	At Scene:	
Was Patient Care Affected: <input type="checkbox"/> Yes <input type="checkbox"/> No - Describe how it was or was not in the summary below.					

Description of Problem/Incident Summary/Actions  
(Attach additional sheets of paper if necessary)

**Attach copies of all PCR's related to the incident.**

**Forward report to: Nor-Cal EMS 930 Executive Way, Suite 150, Redding, California 96002  
Email: mail@norcalems.org**