HENNEPIN COUNTY EMS SYSTEM INCIDENT REPORT

| PUBLIC HEALTH | | | | | |
|-----------------|--|--|--|--|--|
| USE ONLY | | | | | |
| d Ni k | | | | | |

| Report Number | |
|---------------|--|
| | |

Date Received

| | TIME OF INCIDENT | AMBULANCE PROVIDER NAME | AMBULANCE UNIT N | UMBER | RUN NUMBER |
|----------------------|----------------------|---|------------------|------------------------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| AME & TITLE (of per | son completing form) | EMPLOYER NAME (of person completing form) | DATE SUBMITTED | E-MAIL or PHONE CONTACT (of pers | on completing form) |
| NME & TITLE (of per | son completing form) | EMPLOYER NAME (of person completing form) | DATE SUBMITTED | E-MAIL or PHONE CONTACT (of person | on completing form) |
| AME & TITLE (of per: | son completing form) | EMPLOYER NAME (of person completing form) | DATE SUBMITTED | E-MAIL or PHONE CONTACT (of person | on completing form) |
| AME & TITLE (of per | son completing form) | EMPLOYER NAME (of person completing form) | DATE SUBMITTED | E-MAIL or PHONE CONTACT (of person | on completing form) |
| AME & TITLE (of per | son completing form) | EMPLOYER NAME (of person completing form) | DATE SUBMITTED | E-MAIL or PHONE CONTACT (of person | on completing form) |
| | | EMPLOYER NAME (of person completing form) LIC HEALTH INVESTIGATION COI | | | |

DATE INVESTIGATION COMPLETED

Human Services and Public Health Department EMS Unit 525 Portland Ave South - Level 3 (MC L963)
Minneapolis, MN 55415-1569

E-mail: chd.ems@co.hennepin.mn.us

NAME (of Public Health employee completing form)