



# Utah Department of Public Safety

Bureau of Emergency Medical Services

## **R911-5-1300(13) Self- Report Form**

Date:

Name of Reporting Individual:

Phone Number and Email:

Name of EMS Individual Involved:

EMS ID:

Date of Incident:

Nature of Incident:

Detailed Description of Incident:

Location where incident occurred:

Action taken by Agency (to date):

EMS Individual's Affiliated Agencies:

Email form to: [clearance-EMS@utah.gov](mailto:clearance-EMS@utah.gov)