Utah Department of Public Safety
Bureau of Emergency Medical Services
R911-5-1200 (14) Report Form

Date:_____

Name of Reporting Individual:_____
Name of Agency:_____
Phone Number:_____Email:_____

Name of EMS Individual Involved:_____
EMS ID:_____
Date of Incident:_____

Nature of
Incident:_____
_____
_____
_____
Detailed Description of
Incident:_____
_____
_____
_____
_____
_____
Location of
Incident:_____
_____
Action taken by Agency (to
date):_____
_____
_____

Email form to: clearance-EMS@utah.gov