



Utah Department of Public Safety
Bureau of Emergency Medical Services
R911-5-1200 (13) Report Form

Date:_____

Name of Reporting Individual:_____

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):_____

EMS Individual's Affiliated
Agencies:_____

Email form to: clearance-EMS@utah.gov