

# HENNEPIN COUNTY EMS SYSTEM INCIDENT REPORT

## PUBLIC HEALTH USE ONLY

Report Number

Date Received

### DESCRIPTION OF INCIDENT

DATE OF INCIDENT	TIME OF INCIDENT	AMBULANCE PROVIDER NAME	AMBULANCE UNIT NUMBER	RUN NUMBER
NAME & TITLE (of person completing form)		EMPLOYER NAME (of person completing form)	DATE SUBMITTED	E-MAIL or PHONE CONTACT (of person completing form)

### HENNEPIN COUNTY PUBLIC HEALTH INVESTIGATION COMMENTS: PUBLIC HEALTH USE ONLY

NAME (of Public Health employee completing form)	DATE INVESTIGATION COMPLETED