New Jersey Department of Health
Office of Emergency Medical Services
PO Box 360
Trenton, NJ 08625-0360
609-633-7777 (Phone) 609-633-7954 (Fax)

Check One:
- ☐ MAV
- ☐ BLS Ambulance
- ☐ MICU
- ☐ SCTU

INCIDENT REPORT

In accordance with N.J.A.C. 8:40-3.7, agencies are required to notify the Office of Emergency Medical Services within fourteen (14) days of an incident. Please complete the form and submit with documentation to the Office of Emergency Medical Services at the address listed above.
Required documents: attach copies of current Certifications (EMT, CPR) and Driver's License.

PROVIDER INFORMATION

Agency Name	Date Report Filed

Address of Agency

Name of Person Filing Report	Title

DETAILS OF INCIDENT

Incident Date	Incident Time ☐ AM ☐ PM	Weather Condition

Type of Incident

Incident Location

Crew Member(s)
(1) (2)

Injured Patient(s) ☐ Yes* ☐ No	Injured Staff ☐ Yes* ☐ No	Other Injuries ☐ Yes* ☐ No	**If yes, include PCR (Patient Care Report).*

Patient Name	Date of Birth	Name of Hospital

STATUS AT TIME OF INCIDENT

- ☐ Responding to 911 Call
- ☐ Non-Emerg Transport
- ☐ On Scene
- ☐ Enroute to Medical Facility with Patient
- ☐ Enroute to Medical Facility without Patient
- ☐ Responding for Non-Emerg Transport
- ☐ Not on Assignment
- ☐ Other (Specify): _____

VEHICLE INFORMATION

Vehicle Recognition No.	License Plate No.	VIN Number

SUMMARY OF INCIDENT

CORRECTIVE ACTION (TO PREVENT REOCCURRENCE, INCLUDING COMPLETION DATES)