PRE-HOSPITAL INCIDENT REPORT

Briefly state the problem(s) encountered, and any information that would assist in the resolution of this problem(s). Be factual and do not include opinions or unsubstantiated remarks.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____
Date _____
Agency _____

Send form to:
Cheryl Such
Office of Emergency Medical Services
1000 Houghton
Saginaw, MI 48602
Fax-989-583-7941