

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

AMBULANCE/HOSPITAL INCIDENT REPORT

Date of Incident: _____ **Location:** _____

FD Incident #: _____ **Ambulance Unit #:** _____

Hospital: _____

Type of problem: _____

<p>Describe incident (use back of sheet if more space is needed):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Fire Department personnel involved:

Personnel making report: _____

Disposition: _____

(return form to EMS Coordinator)