

**ST. ANTHONY/ PREHOSPITAL SERVICES  
UNUSUAL CIRCUMSTANCE & EMERGENCY ROOM/FIELD INCIDENT REPORTS**

**If this UCR is reference a Protocol Violation (deviation) it must be completed  
and sent within 48 hours of incident.**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Persons involved: \_\_\_\_\_

\_\_\_\_\_

Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach any additional documentation  
(i.e.: ER report, Nurse's notes, EMS field report, Flight record, etc.)**

Reported by: \_\_\_\_\_ Agency or Department \_\_\_\_\_ Date \_\_\_\_\_

**Disposition - See reverse side**

**All reports and supporting documentation should be forward to:**

EMS Field Coordinators

Attn: \_\_\_\_\_

St. Anthony PreHospital Services

34 Van Gordon Street, Suite 200

Lakewood, CO 80228

or return inter-office mail or put in EMS Field Coordinator's box in the ER.

Reports may also be delivered by the US Postal Service if stamped

.

Deposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature & Date

Signature & Date

----- fold here -----

Investigative Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

----- fold here -----

**St. Anthony Hospital /PreHospital Services**  
**34 Van Gordon Street**  
**Suite 200**  
**Lakewood, CO 80228**

PUT STAMP HERE POST OFFICE will not deliver without postage
--

**St. Anthony PreHospital Services**  
**EMS Field Coordinator**  
**Attn: \_\_\_\_\_**  
**34 Van Gordon Street, Suite 200**  
**Lakewood, CO 80228**

**UNUSUAL CIRCUMSTANCE & EMERGENCY ROOM/FIELD INCIDENT REPORT**

----- staple here -----