CHARLOTTESVILLE-ALBEMARLE
RESCUE SQUAD

Special Incident Report

Date of Incident: _____Approximate Time: _____ Unit #: _____

Incident # (if applicable): _____ Reported by: _____

Type of Incident: MCI Special Rescue Personnel Matter Injury Scene Conflict Mutual Aid Dispatch Infectious Disease Exposure Accident with EMS Vehicle
Other: _____

Describe the Incident Below *(Attach any additional documentation such as a copy of PPCR with patient information marked out, etc. Attach additional sheets as necessary).* A copy shall be placed in the locked Special Incident Report Mail Box. No further distribution of copies is necessary.

_____
_____
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Signature: _____ ***Date:*** _____

Office use only

Please place an "X" by those officers notified:

_____ Chief _____ Asst. Chief Ops _____ Day Ops _____ Night Ops
_____ Safety _____ Supply/MCI _____ CRAT _____ Fleet Ops
_____ House Committee _____ Infectious Control Officer

Officers: Please indicate that you have reviewed this particular incident by initialing beside your office. Note dispositions below and on reverse of Pink Copy and return to Special Incident Report Mail Box.

Special Incident Report reviewed by:

_____ Chief _____ Asst. Chief Ops _____ Day Ops _____ Night Ops
_____ Safety _____ Supply/MCI _____ CRAT _____ Fleet Ops
_____ House Committee _____ Infectious Control Officer

Disposition:_____
_____

White: Permanent Record, Yellow: Committee/Officer record, Pink Committee/Officer returns with disposition noted, Goldenrod: Duty Officers

Revision Date: June 10th, 2008