LONGHORN EMS INCIDENT REPORT FORM

To be completed and sent to longhornemsinternal@gmail.com within 24 hours of incident/accident

Particulars of Incident:		
Date:	Time:	Location:
Patient Care Report Number/Identification (If Applicable):		

LEMS Personnel Involved	
Name:	UTEID:
Name:	UTEID:
Name:	UTEID:
Name:	UTEID:
Name:	UTEID:

Type of Incident (Check all that Apply) (Proceed to appropriate sections)

- ☐ Patient Injury (A)
- ☐ Bystander Injury (A)
- ☐ EMS Personnel Injury (A)
- ☐ Exposure (A)
- ☐ Medication/Controlled Substance Error
- ☐ Conflict over Medical Control Orders
- ☐ Conflict over DNR Orders
- ☐ Conflict with Family or other Agency (Fire/EMS/Police)
- ☐ Conflict within LEMS Agency (B)
- ☐ Motor Vehicle Accident (C)
- ☐ Equipment/Vehicle/Radio Failure (C)
- ☐ Loss of Property/Theft (C)
- ☐ Dispatching Error

Witnesses	
Name:	Phone:
Name:	Phone:
Name:	Phone:

A. The injured person(s)		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

B. Conflict within LEMS Agency: Reasons

- ☐ Unprofessional/Misconduct
- ☐ Did not follow Commands
- ☐ Appearance/Uniform Violations
- ☐ Social Media Violations
- ☐ Defamation of LEMS (Libel/Slander)
- ☐ Violation of Scope of Practice
- ☐ Failure to Comply with Protocols/Duties
- ☐ Sexual Assault/Harassment
- ☐ Physical Altercations
- ☐ Threatening/Harassment
- ☐ Discrimination
- ☐ Negligence/Endanger to Others
- ☐ Smoking/Alcohol/Illicit Drug Usage
- ☐ Possessing Firearm/Weapon
- ☐ Stealing/Intentional Damage to equipment/vehicle
- ☐ Arrest/Criminal Offenses
- ☐ Disputes on Patient Care
- ☐ Other

C. Equipment Damage/Failure/Collision Report				
Nature:	☐ Damage	☐ Failure	☐ Collision	☐ Loss/Theft
List Equipment:				
What Damage and How?				

Narrative: *Be objective and descriptive as possible; refrain from using opinions. Attach photos as needed*

By signing below, I certify that all information provided is true and correct to the best of my knowledge

Print: ____

Signature: ____ *Date:* ____________________

COMMAND/ADMINISTRATIVE USE ONLY

Reviewed by Administrative Official/Officer(s)		
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

Was the Supply Officer Notified?	
☐ Yes ☐ No	Date of Notification:
Was UT Environmental Health and Safety Notified?	
☐ Yes ☐ No	Date of Notification:
Was UT Risk Management/Control Notified?	
☐ Yes ☐ No	Date of Notification:
Was Police/Law Enforcement Called to Investigate?	
☐ Yes ☐ No	Date of Request: Time of Request:
Police Report Number:	

Measures Taken / Preventative Actions / Disciplinary Actions / Referrals

LEMS Personnel Injury Follow Up	
Was Mental Health Counselling Information Provided?	☐ Yes ☐ No
Number of Days Granted for Recovery from Service/Class	
List any Compensation Provided	