



**NORTHERN CALIFORNIA EMS, INC.**

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Phone: (530) 229-3979 Fax: (530) 229-3984

# AIRCRAFT CLARITY REPORT

**SUBMITTING AGENCY:**

**DATE OF SUBMISSION:**

**AIRCRAFT IDENTIFIER:**

**COUNTY OF RESPONSE:**

**DATE OF INCIDENT:**

**INCIDENT NUMBER:**

**INCIDENT TYPE:**

- Response delay
- Communication delay
- Staffing issue
- ETA Discrepancy
- Delay in scene departure
- Delay in Facility arrival
- Discrepancy in patient care
- Other (Please provide explanation below)

**DESCRIPTION OF EVENTS**

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*\*\*\*Continue in "Remediation Plan" Section if additional space required.*

## REMEDIATION PLAN

**COMPLETE BY (FULL NAME AND TITLE):**

**Contact Information:**