DEPARTMENT OF HEALTH
...in pursuit of good health

EMS VEHICLE COLLISION AND PERSONAL INJURY REPORT FORM

Send Original To Regional EMS Council

This Report Must Be Filed Within 24 Hours of Incident and Within 8 Hours If Fatality Involved

Date Of Accident Mo Day Year	Day of the Week M T W Th F Sa Su ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hour- Military Time	Did Vehicle Driver Complete an EMSO Approved EVOC Course ☐ Yes ☐ No

Service Info

Service Name: **Affiliate Number:**

Name/Title of Person Completing Report:

Telephone: **E-mail:** **Pager:**

Address:

City: **State:** **Zip:**

Veh. Info

EMSO Vehicle Decal Number:

Vehicle Drivable after Accident: ☐ Yes ☐ No

VIN #:

Approximate Damage Amount: ☐ $0-$1,000 ☐ $1,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000-$25,000 ☐ >$25,000

Accident Info

Number of Vehicles Involved:
EMS:
Other Emergency Service:
Civilian:

Impact Type:
☐ Front to Rear ☐ Broadside
☐ Sideswipe ☐ Head-On
☐ Rollover ☐ Other

Involved Collision With:
☐ Animal ☐ Vehicle in Traffic
☐ Natural Object (tree etc) ☐ Overturned in Road
☐ Fixed Object (pole etc) ☐ Parked Vehicle
☐ Pedestrian ☐ Left Road-No Impact
☐ Bicycle ☐ Other:

Street Name or Route Number where Accident Occurred:

MCD Code Where Accident Occurred:

Nearest Intersection or Mile Marker:

Number of Lanes:

Did Incident Occur at Intersection: ☐ Yes ☐ No

Approximate Speed Prior to Incident:
☐ 0-10 ☐ 10-25 ☐ 25-35 ☐ 35-45
☐ 45-55 ☐ 55-65 ☐ >65

Traffic Controls: ☐ Stop Sign ☐ Yield Sign ☐ Signal Light ☐ Other Warning Sign/Signal

If at Traffic Signal-Signal Facing EMS Vehicle at Time of Incident: ☐ Red ☐ Yellow ☐ Green

Weather:
☐ Clear ☐ Foggy ☐ Cloudy
☐ Rain ☐ Snow ☐ Ice

Light Conditions:
☐ Daylight ☐ Dark-Road Lighted
☐ Dusk/Dawn ☐ Dark-Road Unlighted

Road Surface:
☐ Dry ☐ Wet
☐ Icy ☐ Snow

Warning Devices In Use:
☐ Visual (Red Lights) ☐ Audible (Siren) ☐ Headlights Only ☐ None

Mode of Service at Time of Incident:
☐ Responding to Emergency
☐ Responding to Non-emergency
☐ Parked at Incident
☐ Routine Driving
☐ Training
☐ Transporting Patient-Emergency
☐ Transporting Patient-Non-Emergency
☐ Parked-Other than at Incident
☐ Backing
☐ Other:

Injury Info

Description of the Event:

****The Following Injury Reports must be completed for all EMS personnel and other injured in this vehicle.***

Injury A

EMS: ☐ **Yes** ☐ **No**

Age	Sex	Ejected	Injury Severity:	Restraint System:	Position in Vehicle: Enter #
	☐ M ☐ F	☐ Yes ☐ No	☐ Fatal ☐ Serious ☐ Moderate ☐ Minor	☐ Safety Belt ☐ Air Bag Deployed ☐ Child Restraint ☐ Other	_____

Injury B

EMS: ☐ **Yes** ☐ **No**

Age	Sex	Ejected	Injury Severity:	Restraint System:	Position in Vehicle: Enter #
	☐ M ☐ F	☐ Yes ☐ No	☐ Fatal ☐ Serious ☐ Moderate ☐ Minor	☐ Safety Belt ☐ Air Bag Deployed ☐ Child Restraint ☐ Other	_____

Injury C

EMS: ☐ **Yes** ☐ **No**

Age	Sex	Ejected	Injury Severity:	Restraint System:	Position in Vehicle: Enter #
	☐ M ☐ F	☐ Yes ☐ No	☐ Fatal ☐ Serious ☐ Moderate ☐ Minor	☐ Safety Belt ☐ Air Bag Deployed ☐ Child Restraint ☐ Other	_____

Total Number of People Injured: **Fatality Involved:** ☐ **Yes** ☐ **No** **Number:**

 # EMS Personnel Injured: **EMS Fatality:** ☐ **Yes** ☐ **No** **Number:**

Police Report Information

Did Police Investigate This Incident: ☐ **Yes** ☐ **No** | **Police Report Attached:** ☐

If Police Report Was Filed and Copy Not Attached Complete the Following

Investigating Police Agency:

Address:

City: **State:** **Zip:**

Citations Issued: ☐ **Yes** ☐ **No** | **Issued To:** ☐ **EMS Driver** ☐ **Other Driver**

Sign

I believe the information provided above to be accurate and correct:

Sign:_____**Title:**_____**Date:**_____

Vehicle Position Identification Information:

1=Drivers seat
2=Front seat passenger
3=Squad bench seated
4=Squad bench supine (patient)
5=Backseat, squad unit
6=Captain's chair
7=Squad bench/seat
8=Driver's side
9=Litter
10=Standing, patient compartment
11=Other

***Use additional sheets as necessary if more than three injured individuals**.