





## **Instructions for Completion of the EMS Vehicle Collision Report Form**

### **General Information:**

**Date of Collision/Injury:** Enter the month, day and year in this block (mm/dd/yyyy).

**Day of the Week:** Indicate in the appropriate box the day of the week the collision occurred.

**Hour:** Enter in military time (e.g., 0600, 1300, 2045, etc.) the time the collision occurred.

**Did the Vehicle Driver Complete an EVOC Course:** Indicate yes or no in the corresponding box.

### **Section I-Service Information:**

**Service Name:** Enter the name of the EMS service.

**Name/Title of Person Completing Report:** Enter the name of the individual who is completing this report.

**Telephone Number E-mail Address, Pager Number:** Enter the appropriate information.

**Address:** Enter the address for the EMS Service.

### **Section II-Vehicle Information:**

**EMS Vehicle Unit Number:** Enter the unit number for the vehicle involved in the collision.

**Vehicle Drivable After Collision:** Indicate if the vehicle is drivable in the appropriate box.

**Vin #:** Enter the entire Vehicle Identification Number.

**Approximate Damage Amount:** Indicate in the appropriate box the approximate cost of damage to the ambulance in dollars because of the collision.

### **Section III-Motor Vehicle Information:**

**Number of Vehicles Involved:** Enter the number of vehicles involved in the collision.

**Involved Collision With:** Indicate in the appropriate box what collided with the vehicle or what the vehicle collided with.

**Impact Type:** Indicate in the appropriate box the type of impact that occurred.

**Street Name or Route Number Where Collision Occurred:** Enter the exact street or road location where the collision occurred.

**Zip Code Where Collision Occurred:** Enter the zip code of the collision location.

**Nearest Intersection or Mile Marker:** Enter the nearest road intersection or corresponding mile marker where the collision occurred.

**Number of Lanes:** Enter the number of lanes on the street/road where the collision occurred.

**Approximate Speed Prior to Collision:** Indicate in the appropriate box the speed of the vehicle prior to the collision.

**Traffic Controls:** Indicate in the appropriate box the traffic controls that were in operation at the time of the collision.

**Traffic Signal:** Indicate the color of the traffic signal facing the ambulance at the time of the collision.

**Weather:** Indicate the appropriate weather conditions at the time of the collision.

**Light Conditions:** Indicate the appropriate light conditions at the time of the collision.

**Road Surface:** Indicate the appropriate road surface at the time of the collision.

**Warning Devices In Use:** Indicate the warning device(s) in use by the ambulance at the time of the collision.

**Mode of Service at Time of Collision:** Indicate the mode in which the vehicle was responding prior to the collision.

#### **Section IV-Description of the Event:**

Provide a detailed description of the events in regard to the collision and how it occurred (use additional sheets if needed).

#### **Section V-Injury**

De-identified injury information must be provided for any individual injured as a result of a collision involving an EMS vehicle as follows:

- Indicate whether the injured person was a member of the EMS crew.
- Enter the age of the injured person.
- Check the severity of the injury.
- Indicate any related injury.
- Indicate if the injured person was ejected.
- From the list on the bottom of the form indicate the position of the injured person.

**Section VI-Police report Information:**

**Did Police Investigate This Incident:** Check the appropriate box.

**Police Report Attached:** Check the appropriate box/

**Police report Filed But Not Attached:** Complete the following:

- Enter the name of the investigating police agency.
- Enter the address, city, state and zip code of the police agency.
- Indicate whether or not a citation was issued.
- Indicate to whom the citation was issued.

**Section VII-Sign**

The individual will sign the form enter his or her title and the date the form was signed.

If you require further assistance please contact the OEMSTS at 702-759-1050