SNHD OEMSTS EMS VEHICLE COLLISION REPORT FORM

This Report Must Be Filed Within Five Days of Incident.

		-			_						
Date Mo	Of Collision Day Year	Day of the W M T W Th	F Sa Su	Hour- Military Time	_	Complete an EVOC Course Yes No					
	Service Name:										
Service Information	Name/Title of Person Completing Report:										
	Telephone:		Email:	Pager:							
Service	Service Address:										
-	City:	Stat	e:	Zip:							
hicle o.	EMS Vehicle Unit Num			ivable after Collision: VIN #: Yes ☐ No							
II.Vehicle Info.	Approximate Damage Amount: ☐ \$0-\$1,000 ☐ \$1,000-\$5,000 ☐ \$5,000-\$10,000 ☐ \$10,000-\$25,000 ☐ >\$25,000										
	Number of Vehicles In Other Emer Impact Type: ☐ Front to Rear ☐ Sideswipe ☐ Rollover	volved: EMS: rgency Service: Civilian: Side Im Head-O	pact n	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:							
ے											
llision incident Information	Street Name or Route	Number where	Collision Occu	rrea:	red: Zip Code Where Collision Occurre						
	Nearest Intersection of	or Mile Marker:		Number of Lanes:							
	Did Incident Occur at	Intersection: es		Approximate Speed Prior to Incident: ☐ 0-10 ☐ 10-25 ☐ 25-35 ☐ 35-45 ☐ 45-55 ☐ 55-65 ☐ >65							
Collis	Traffic Controls: ☐ Stop Sign ☐ Yield Sign ☐ Signal Light ☐ Other Warning Sign/Signal ☐ Traffic pre-emption device (Opticom or EMS controlled)										
icle	If at Traffic Signal-Signal Facing EMS Vehicle at Time of Incident: Red Yellow Green										
II. Motor Vehicle Co	Weather: ☐ Clear ☐ Foggy ☐ ☐ Rain ☐ Snow ☐ Ic	Cloudy	Light Condition Daylight Dusk/Day	□ Dark-Road Lighted □ Dry □ Wet							
≡	Warning Devices In Use: ☐ Visual (Red Lights) ☐ Audible (Siren) ☐ Headlights Only ☐ None										
	Mode of Service at Time of Incident:										
	Responding to Eme Responding to Nor Parked at Incident Routine Driving Training	n-emergency		 □ Transporting Patient-Emergency □ Transporting Patient-Non-Emergency □ Parked-Other than at Incident □ Backing □ Other 							

	Description of the Event:										
Lo O											
ripti											
IV-Description	The following injury reports must be completed for all EMS personnel and others injured.										
	Injury A EMS: ☐ Yes ☐ No										
V. Injury Information	Age	Sex M F	Injury Severity: Fatal Serious Moderate Minor	Injury Related To: MVA Fall Needle stick Lifting Patient Ordinary Lifting	Body		Ejected Yes No	*Position in Vehicle if MVA: Enter #			
	Injury B EMS: Yes No										
	Age	Sex M	Injury Severity: Fatal Serious Moderate Minor	Injury Related To: ☐ MVA ☐ Fall ☐ Needle stick ☐ Patient Lifting ☐ Ordinary Lifting	Body		Ejected Yes No	*Position in Vehicle if MVA: Enter #			
>	EMS:	Yes 🗆 N	lo	Inju	ry C						
	Age	Sex M	Injury Severity: Fatal Serious Moderate Minor	Injury Related To: MVA Fall Needle stick Patient Lifting Ordinary Lifting	Body		Ejected Yes No	*Position in Vehicle if MVA: Enter #			
Police Report Information	Did Police Investigate This Incident: ☐ Yes			∐ Yes ∐ No	No Police Report Attached: Yes No						
	If Police Report Was Filed and Copy Not Attached, Complete the Following:										
	Investigating Police Agency:										
port I	Address:										
olice Re	City: State: Zip:										
VI. Pe	Citations Issued: Issued To:										
		□ Y	es 🗌 No		☐ EMS Driver ☐ Other Driver						
VII. Sign	I believe the information provided above to be accurate and correct:										
	Sign:			Title:_			Date:				
*Vehicle Position Identification Information:											
	river's			•	Captain's chair						
	ront sea		ated		7=Squad bench/seat 8=Driver's side						
3=Squad bench seated 8=Driver's side 4=Squad bench supine (patient) 9=Litter											

5=Backseat, squad unit 10=Standing, patient compartment

11=Other

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

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