

SNHD OEMSTS EMS VEHICLE COLLISION REPORT FORM

This Report Must Be Filed Within Five Days of Incident.

Date of Collision	Day of the Week	Hour (Military Time)	Did Vehicle Driver Complete an EVOC Course?
Mo Day Year	☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su		☐ Yes ☐ No

I. Service Information

Service Name:		
Name/Title of Person Completing Report:		
Telephone:	Email:	Pager:
Service Address:		
City:	State:	Zip:

II. Vehicle Information

EMS Vehicle Unit Number:	Vehicle Drivable after Collision: ☐ Yes ☐ No
VIN #:	

III. Motor Vehicle Collision Incident Information

Number of Vehicles Involved:	Involved Collision With:
EMS:	☐ Animal ☐ Natural Obj. ☐ Fixed Object ☐ Pedestrian ☐ Bicycle
Other Emergency Service:	☐ Vehicle in Traffic ☐ Overturned in Road ☐ Parked Vehicle ☐ Left Road-No Impact ☐ Other:
Civilian:	

Impact Type:	☐ Front to Rear ☐ Sideswipe ☐ Rollover ☐ Side Impact ☐ Head-On ☐ Other
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Street Name or Route Number:	Zip Code:
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Nearest Intersection or Mile Marker:	Number of Lanes:
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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 ☐ Traffic pre-emption device (Opticom or EMS controlled)

If at Traffic Signal - Signal Facing EMS Vehicle:	☐ Red ☐ Yellow ☐ Green
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Weather:	☐ Clear ☐ Foggy ☐ Cloudy ☐ Rain ☐ Snow ☐ Ice
Light Conditions:	☐ Daylight ☐ Dark-Road Lighted ☐ Dusk/Dawn ☐ Dark-Road Unlighted

Road Surface:	☐ Dry ☐ Wet ☐ Icy ☐ Snow
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Warning Devices In Use:	☐ Visual (Red Lights) ☐ Audible (Siren) ☐ Headlights Only ☐ None
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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-Emer ☐ Parked-Other than at Incident ☐ Backing ☐ Other

IV. Police Report Information

Did Police Investigate This Incident:

☐ Yes☐ No

Police Report Attached:

☐ Yes☐ No

Police Incident Report Number:

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

V. Signature

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

Sign:

Title:

Date: