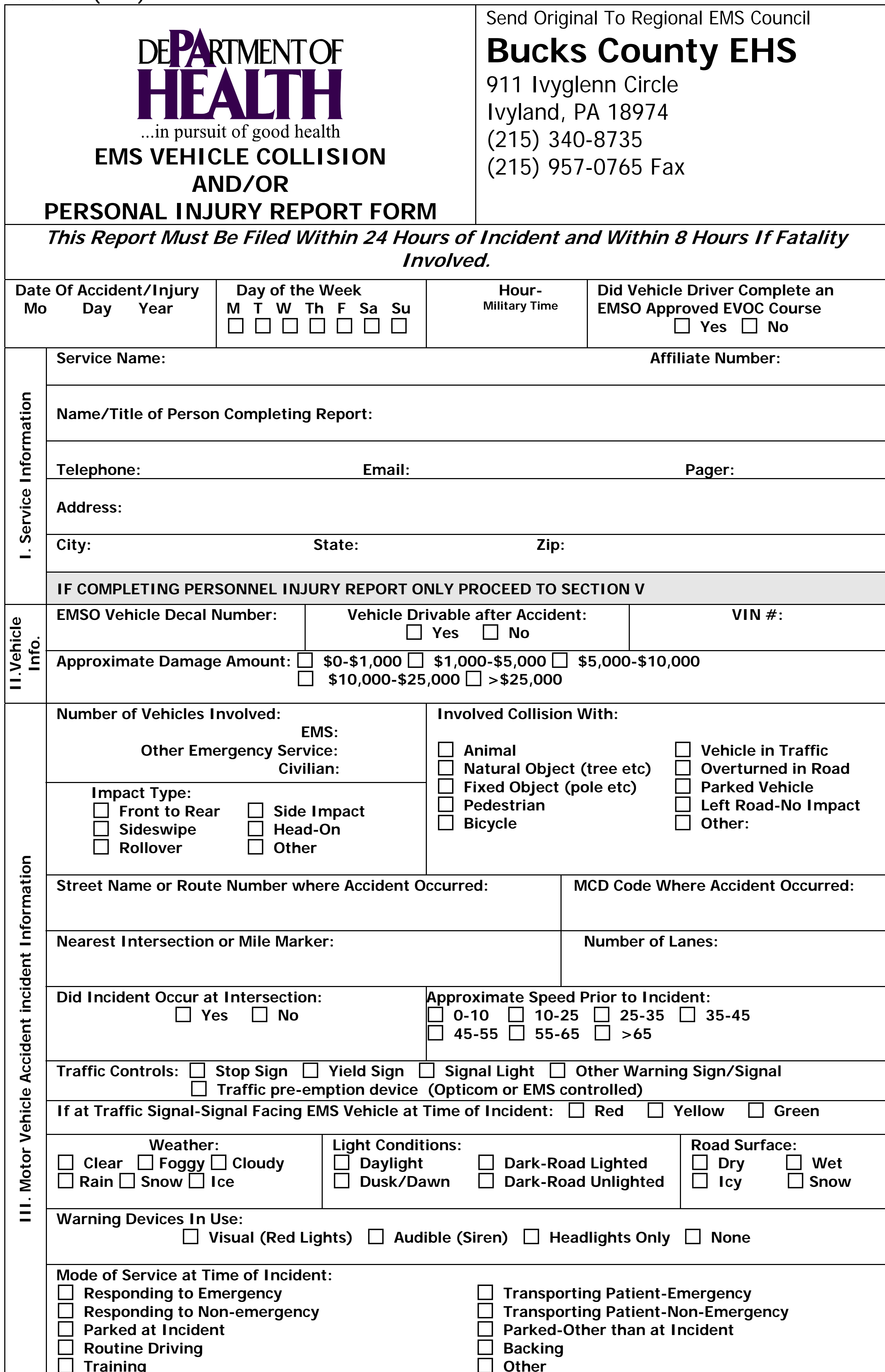
3/24/04 (Rev)



DEPARTMENT OF HEALTH
...in pursuit of good health

EMS VEHICLE COLLISION AND/OR PERSONAL INJURY REPORT FORM

Send Original To Regional EMS Council

Bucks County EHS
911 Ivyglenn Circle
Ivyland, PA 18974
(215) 340-8735
(215) 957-0765 Fax

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

Date Of Accident/Injury 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

I. Service Information

Service Name: Affiliate Number:

Name/Title of Person Completing Report:

Telephone: Email: Pager:

Address:

City: State: Zip:

IF COMPLETING PERSONNEL INJURY REPORT ONLY PROCEED TO SECTION V

II. Vehicle 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

III. Motor Vehicle Accident incident Information

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

Impact Type:
☐ Front to Rear ☐ Side Impact
☐ 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
☐ Traffic pre-emption device (Opticom or EMS controlled)

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

IV-Description

Description of the Event:

____

____

____

The following injury reports must be completed for all EMS personnel and others injured.

V. Injury Information

Injury A

EMS: ☐ Yes ☐ No

Age	Sex	Injury Severity:	Injury Related To:		Ejected	*Position in Vehicle if MVA: Enter #
	☐ M ☐ F	☐ Fatal ☐ Serious ☐ Moderate ☐ Minor	☐ MVA ☐ Fall ☐ Needle stick ☐ Lifting Patient ☐ Ordinary Lifting	☐ Pedestrian Struck ☐ Body Fluid Exp. ☐ Hazardous Mat. ☐ Assault ☐ Other	☐ Yes ☐ No	________

Injury B

EMS: ☐ Yes ☐ No

Age	Sex	Injury Severity:	Injury Related To:		Ejected	*Position in Vehicle if MVA: Enter #
	☐ M ☐ F	☐ Fatal ☐ Serious ☐ Moderate ☐ Minor	☐ MVA ☐ Fall ☐ Needle stick ☐ Patient Lifting ☐ Ordinary Lifting	☐ Pedestrian Struck ☐ Body Fluid Exp. ☐ Hazardous Mat. ☐ Assault ☐ Other	☐ Yes ☐ No	________

Injury C

EMS: ☐ Yes ☐ No

Age	Sex	Injury Severity:	Injury Related To:		Ejected	*Position in Vehicle if MVA: Enter #
	☐ M ☐ F	☐ Fatal ☐ Serious ☐ Moderate ☐ Minor	☐ MVA ☐ Fall ☐ Needle stick ☐ Patient Lifting ☐ Ordinary Lifting	☐ Pedestrian Struck ☐ Body Fluid Exp. ☐ Hazardous Mat. ☐ Assault ☐ Other	☐ Yes ☐ No	________

VI. Police Report Information

Did Police Investigate This Incident: ☐ Yes ☐ No

Police Report Attached: ☐ Yes ☐ No

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

VII. Sign

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

Sign:______________________________Title:____________________Date:____________

***Vehicle Position Identification Information:**

1=Driver's 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.