If using electronic version, email to:
info@emsi04.org
If possible, fax signed copy to:
(412) 242-7434
Mail signed original to:
Emergency Medical Services Institute
221 Penn Avenue
Suite 2500
Pittsburgh, PA 15221

EMS Vehicle

Accident Report

Notify EMSI by voice or leave voicemail
(412) 242-7322 / (866) 827-EMSI

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

Injury Info

Description of the Event:

_____

_____

_____

Complete an Injury Report (below) for each person, EMS or other, injured in this vehicle.*

Injury A

EMS: ☐ Yes ☐ No

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

Injury B

EMS: ☐ Yes ☐ No

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

Injury C

EMS: ☐ Yes ☐ No

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

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:	Issued To:
☐ Yes ☐ No	☐ EMS Driver ☐ Other Driver

Sign

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

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

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

†Vehicle Position Numbers:

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