VEHICLE COLLISION AND PERSONAL INJURY REPORT FORM

Send Original To:

MIEMSS
State Office of Commercial Ambulance Licensing and Regulation
653 West Pratt, Suite 313
Phone: (410) 706-8511
Fax: (410) 706-8552

This Report Must Be Filed Within 72 Hours of Incident.

Date Of Accident Mo Day Year	Day of the Week M T W Th F Sa Su ☐ ☐ ☐ ☐ ☐ ☐ ☐	Hour- Military Time	Did the vehicle driver complete a standardized EVOC Course? ☐ Yes ☐ No

Service Info

Service Name: **License Number:**

Name/Title of Person Completing Report:

Telephone: **E-mail:** **Pager:**

Address:

City: **State:** **Zip:**

Veh. Info

Vehicle 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:

Involved Collision With:
☐ Vehicle in Traffic ☐ Parked Vehicle
☐ Natural Object (tree etc) ☐ Bicycle
☐ Fixed Object (pole etc) ☐ Pedestrian
☐ Other:

Impact Type:
☐ Front to Rear ☐ Broadside
☐ Sideswipe ☐ Head-On
☐ Rollover ☐ Other

Street Name or Route Number 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:
☐ Routine Driving
☐ Responding to Non-emergency
☐ Responding to Emergency
☐ Transporting Patient-Non-Emergency
☐ Transporting Patient-Emergency
☐ Parked at Incident
☐ Parked-Other than at Incident
☐ Training
☐ Backing
☐ Other:

Injury Info

Driver distracted? YES NO Reason: _____

_____

Description of the Event:

_____

_____

_____

The Following Injury Reports must be completed for all EMS personnel and 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: ☐ **Yes** ☐ **No** **Number:**

If Police Report Was Filed and Copy Not Attached Complete the Following

Investigating Police Agency: **Investigating Officer:**

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:**_____

Vehicle Position Identification Information: 1=Drivers seat, 2=Front seat passenger, 3=Squad bench seated, 4= Captain's chair, 5= Litter, 6= Standing (pt. compartment)

***Use additional sheets as necessary.**