



...in pursuit of good health

EMS VEHICLE COLLISION AND/OR PERSONAL INJURY REPORT FORM

Send Original To Regional EMS Council

Montgomery County EMS Office
Attn: Tim Dunigan
1175 Conshohocken Road
Conshohocken, PA 19428

Email: Tdunigan@Montcopa.org or
Fax: (610) 278-6254

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, Head-On, Rollover, Other), Involved Collision With (Animal, Natural Object, Fixed Object, Pedestrian, Bicycle, Vehicle in Traffic, Overturned in Road, Parked Vehicle, Left Road-No Impact, 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), 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: <hr/> <hr/> <hr/> <p style="text-align: center;"><i>The following injury reports must be completed for all EMS personnel and others injured.</i></p>						
	Injury A						
V. Injury Information	EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Injury Severity: <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Injury Related To: <input type="checkbox"/> MVA <input type="checkbox"/> Fall <input type="checkbox"/> Needle stick <input type="checkbox"/> Lifting Patient <input type="checkbox"/> Ordinary Lifting	<input type="checkbox"/> Pedestrian Struck <input type="checkbox"/> Body Fluid Exp. <input type="checkbox"/> Hazardous Mat. <input type="checkbox"/> Assault <input type="checkbox"/> Other	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	*Position in Vehicle if MVA: Enter # _____
	Injury B						
	EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Injury Severity: <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Injury Related To: <input type="checkbox"/> MVA <input type="checkbox"/> Fall <input type="checkbox"/> Needle stick <input type="checkbox"/> Patient Lifting <input type="checkbox"/> Ordinary Lifting	<input type="checkbox"/> Pedestrian Struck <input type="checkbox"/> Body Fluid Exp. <input type="checkbox"/> Hazardous Mat. <input type="checkbox"/> Assault <input type="checkbox"/> Other	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	*Position in Vehicle if MVA: Enter # _____
	Injury C						
EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Injury Severity: <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Injury Related To: <input type="checkbox"/> MVA <input type="checkbox"/> Fall <input type="checkbox"/> Needle stick <input type="checkbox"/> Patient Lifting <input type="checkbox"/> Ordinary Lifting	<input type="checkbox"/> Pedestrian Struck <input type="checkbox"/> Body Fluid Exp. <input type="checkbox"/> Hazardous Mat. <input type="checkbox"/> Assault <input type="checkbox"/> Other	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	*Position in Vehicle if MVA: Enter # _____	
Vi. Police Report Information	Did Police Investigate This Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No			Police Report Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If Police Report Was Filed and Copy Not Attached, Complete the Following:						
	Investigating Police Agency:						
	Address:						
	City:		State:		Zip:		
	Citations Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No			Issued To: <input type="checkbox"/> EMS Driver <input type="checkbox"/> 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 | 6=Captain's chair | 11=Other |
| 2=Front seat passenger | 7=Squad bench/seat | |
| 3=Squad bench seated | 8=Driver's side | |
| 4=Squad bench supine (patient) | 9=Litter | |
| 5=Backseat, squad unit | 10=Standing, patient compartment | |

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