EMS Information Bulletin- #13

DATE: April 12, 2004

SUBJECT: Revised EMS Vehicle Collision and/or Injury Report Form

TO: Ambulance Services

FROM: Emergency Medical Services Office
PA Department of Health
(717) 787-8740

Attached is a copy of the revised EMS Vehicle Collision and Injury Report From, dated March 24, 2004. Instructions for completing the form are also attached.

The EMS regulations, §1005.10(e)(i) requires ambulance services to report, in a form or manner prescribed by the Department, to the appropriate regional EMS council an ambulance vehicle accident that is reportable under 75 Pa.C.S., and an accident or injury to an individual that occurs in the line of duty of the ambulance service that results in a fatality, or medical treatment at a medical treatment facility. This revised form has been adopted by the Pennsylvania Department of Health, EMS Office to meet the requirements of the regulations. The form will be placed on the Department of Health website for use by ambulance services.

Please contact Mr. Robert H. Gaumer at (717) 787-8740 or through e-mail at rgaumer@state.pa.us if you have any questions.

Attachments (Click here to download form)

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:

Seven Mountains EMS Council
523 Dell Street Bellefonte Pa
16823

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:	Light Conditions:	Road Surface:
☐ Clear ☐ Foggy ☐ Cloudy ☐ Rain ☐ Snow ☐ Ice	☐ Daylight ☐ Dark-Road Lighted ☐ Dusk/Dawn ☐ Dark-Road Unlighted	☐ 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

3/24/04 (Rev)

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.

Instructions for Completion of the EMS Vehicle Collision And/or Personnel Injury Report Form

General Information:

Date of Accident/Injury: Please enter the month, day and year in this block, e.g., (mm/dd/yyyy)

Day of the week: Indicate the appropriate box for the day of the week that the accident/injury occurred.

Hour: Enter in military time the time that the accident/injury occurred e.g., 0900, 1300, 1830, 1945, etc.

Did the Vehicle Driver Complete an EMSO Approved EVOC Course: indicate yes or no in the corresponding box.

Section I-Service Information:

Service Name: Enter the name of the ambulance service.

Affiliate Number: Enter the 5-digit affiliate number assigned to the ambulance service.

Name/Title of Person Completing Report: Enter the name of individual who is completing this report.

Telephone Number: E-Mail Address/ Pager Number: Enter the appropriate information.

Address: enter the complete address information for the ambulance service.

NOTE: If completing personnel injury report only proceed to section V.

Section II-Vehicle Information:

EMSO Vehicle Decal Number: Enter the seven-digit number from the licensure decal of the vehicle involved in the accident.

Vehicle Drivable After Accident: Indicate the appropriate box.

VIN #: Enter the vehicle identification number of the vehicle involved in the accident as found on the vehicles owners card or the vehicle.

Approximate Damage Amount: Indicate the appropriate box, which corresponds to the approximate damage amount in dollars due to the accident.

Section III-Motor Vehicle Accident Information:

Number of Vehicles Involved: Enter the number of vehicles to include emergency services and others involved in the accident.

Involved Collision With: Indicate the appropriate box that the vehicle was involved in the collision with.

Impact Type: Indicate the appropriate box as to the type of impact occurred by the vehicle.

Street Name or Route Number Where Accident Occurred: Enter the exact street or road location where the accident occurred.

MCD Code Where Accident Occurred: Enter the five-digit Minor Civil Division where the accident occurred, e.g., 48934 (Walnutport Borough in Northampton County).

Nearest Intersection or Mile Marker: Enter the nearest road intersection or the corresponding road mile marker where the accident occurred.

Number of Lanes: Enter the number of lanes on the street/road where the accident occurred.

Did Accident Occur at Intersection: Indicate the appropriate box.

Approximate Speed Prior to Accident: Indicate the appropriate box for the speed of the vehicle prior to the accident.

Traffic Controls: Indicate the appropriate box for the traffic controls that were in operation at the time of the accident.

Traffic Signal: Indicate the color of the traffic signal facing the vehicle at time of the accident.

Weather: Indicate the appropriate weather condition at the time of the accident.

Light Conditions: Indicate the appropriate light conditions at the time of the accident.

Road Surface: Indicate the appropriate road surface at the time of the accident.

Warning Devices In Use: Indicate the warning device(s) in use on the vehicle at time of the accident.

Mode of Service at Time of Accident: Indicate the mode in which the vehicle was responding prior to the accident.

Section IV-Description of the Event

Provide a detailed description of the events regarding the accident and how it occurred. (Use additional sheets if necessary).

Section V-Injury Information

The following information must be provided for any individual injured as a result of the accident or was injured by another means not related to an EMS vehicle collision:

- Check whether the injured person was a member of the EMS crew.
- Enter the age of the injured person.
- Check the severity of the injury.
- Check the appropriate box related to how the injury occurred.
- If an EMS vehicle collision, indicate if the injured person was ejected from a vehicle.
- From the list at the bottom of the form, indicate the position of the injured person in the ambulance and enter the appropriate number on the line provided.

Provide this same information for additional individuals on the form. Use additional sheets, if there are more than 3 injured personnel.

Section VI-Police Report Information

Did Police Investigate This Incident: Check the appropriate box.
Police Report Attached: Check the appropriate box.
Police Report Filed but not Attached:

- Enter the name of the investigating police agency.
- Enter the address, city, state and zip code of the policy agency.
- Indicate whether a citation was issued.
- To whom the citation was issued.

Section VII-Sign

The individual will sign the form; enter his/her title and the date that the form was signed.

For assistance contact your regional EMS council or the Pennsylvania Department of Health at **www.health.state.pa.us**