



|   |  |  |   |   |  |  |
|---|--|--|---|---|--|--|
| <i>Description of the Event:</i>  |  |  |   |   |  |  |
| <i>*The Following Injury Reports must be completed for all EMS personnel and other injured in this vehicle.</i> |  |  |   |   |  |  |
| Injury Info   | <b>Injury A</b>  |  |   |   |  |  |
|   | EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |   |   |  |  |
|   | Age  | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F                      | Ejected<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                    | Injury Severity:<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Minor | Restraint System:<br><input type="checkbox"/> Safety Belt<br><input type="checkbox"/> Air Bag Deployed<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Other | Position in Vehicle:<br>Enter #<br>_____ |
|   | <b>Injury B</b>  |  |   |   |  |  |
|   | EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |   |   |  |  |
|   | Age  | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F                      | Ejected<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                    | Injury Severity:<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Minor | Restraint System:<br><input type="checkbox"/> Safety Belt<br><input type="checkbox"/> Air Bag Deployed<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Other | Position in Vehicle:<br>Enter #<br>_____ |
|   | <b>Injury C</b>  |  |   |   |  |  |
|   | EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No        |  |   |   |  |  |
|   | Age  | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F                         | Ejected<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                    | Injury Severity:<br><input type="checkbox"/> Fatal<br><input type="checkbox"/> Serious<br><input type="checkbox"/> Moderate<br><input type="checkbox"/> Minor | Restraint System:<br><input type="checkbox"/> Safety Belt<br><input type="checkbox"/> Air Bag Deployed<br><input type="checkbox"/> Child Restraint<br><input type="checkbox"/> Other | Position in Vehicle:<br>Enter #<br>_____ |
|   | Total Number of People Injured: _____                                |  | Fatality Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____ |   |  |  |
| # EMS Personnel Injured: _____  |  | EMS Fatality: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____ |   |   |  |  |
|   |  |  |   |   |  |  |
| Did Police Investigate This Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No                  |  |  | Police Report Attached: <input type="checkbox"/>  |   |  |  |
| <b>If Police Report Was Filed and Copy Not Attached Complete the Following</b>                                  |  |  |   |   |  |  |
| Investigating Police Agency: _____  |  |  |   |   |  |  |
| Address: _____  |  |  |   |   |  |  |
| City: _____   |  | State: _____   |   | Zip: _____  |  |  |
| Citations Issued:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                   |  |  | Issued To:<br><input type="checkbox"/> EMS Driver <input type="checkbox"/> Other Driver   |   |  |  |
| Sign  | I believe the information provided above to be accurate and correct: |  |   |   |  |  |
|   | Sign: _____ Title: _____ Date: _____                                 |  |   |   |  |  |

**Vehicle Position Identification Information:**

- |                                |                                  |          |
|--------------------------------|----------------------------------|----------|
| 1=Drivers 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.**