

VEHICLE ACCIDENT REPORT FORM

Date:	Time:	Location:	
Driver (Employee) Information			
Name:	Hire Date:	Employee Number:	
License Number:	State:	Phone Number:	
Vehicle Information			
Click here to select Unit Numb	<u>er</u>		
If Other Vehicle, Please explain:			
Unit Damage:			
Accident Info/Driver's Descripti	on		

Emergency Lights in Use: Choose an item. Weather/Road Conditions: Choose an item.



Injury Information

Name:	Injury:	Transported:	Select
Name:	Injury:	Transported:	Select
Name:	Injury:	Transported:	Select

Additional Passenger Information (Agency Vehicle) (Employee, Patient, Third Rider, etc)

Name:	Title: EMT
Name:	Title:
Name:	Title:

Other Vehicle Information

Driver's Name:		Phone Number:
Owner's Name:		Phone Number:
Vehicle Make:	Vehicle Year:	Tag Number:
Vehicle Model:	Color:	State:
Vehicle Type: 4 Door Car	Other:	Drivable: Choose an item.
Insurance Company:		
Policy Number:		



Additional Passenger Information (Other Vehicle)

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

Witness Information

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

Contributing Factors

Other Driver or Agency Driver (highlight which one): Contributing Factors: Choose an item.

Was a Police Report Completed? Choose an item.		
Police Re	eport Number:	
Officer:		

Supplementals received from <u>both crew members</u>? Choose an item.



USE THE AREA BELOW TO DRAW A DIAGRAM OF ACCIDENT SCENE



Unit damage Pictures



Supervisor Comments

Driver's Supervisor:	
Reporting Supervisor (Signature):	
Reporting Supervisor (Print):	
Date:	



Please email completed report to Amy Broughton, Pamela Jackson and Larry Billotto

