

Injury Info	Description of the Event: _____ _____ _____ *The Following Injury Reports must be completed for all EMS personnel and other injured in this vehicle.					
	Injury A					
	EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury Severity: <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Restraint System: <input type="checkbox"/> Safety Belt <input type="checkbox"/> Air Bag Deployed <input type="checkbox"/> Child Restraint <input type="checkbox"/> Other	Position in Vehicle: Enter # _____
	Injury B					
	EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury Severity: <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Restraint System: <input type="checkbox"/> Safety Belt <input type="checkbox"/> Air Bag Deployed <input type="checkbox"/> Child Restraint <input type="checkbox"/> Other	Position in Vehicle: Enter # _____	
Injury C						
EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury Severity: <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Restraint System: <input type="checkbox"/> Safety Belt <input type="checkbox"/> Air Bag Deployed <input type="checkbox"/> Child Restraint <input type="checkbox"/> Other	Position in Vehicle: Enter # _____	
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: _____		
Police Report Information	Did Police Investigate This Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No			Police Report Attached: <input type="checkbox"/>		
	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		
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.**