



9/30/2003

Injury Info	<b>Description of the Event:</b> <hr/> <hr/> <hr/> <p><i>*The Following Injury Reports must be completed for all EMS personnel and other injured in this vehicle.</i></p>					
	<b>Injury A</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 # _____
	<b>Injury B</b>					
	EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No					
EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No						
EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No						
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"/>		
	<b>If Police Report Was Filed and Copy Not Attached Complete the Following</b>					
	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.