



<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 <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					
	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 C</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 # _____
	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: <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.**