The provision of prehospital emergency medical services inherently involves risk to the safety and health of providers, patients and the general public. All too frequently an EMS crew is involved in a “near miss” event or sustains actual injury. Because EMS providers are the most valuable part of the EMS system, the New York State Emergency Medical Services Council (SEMSCO), the State Emergency Medical Advisory Committee (SEMAC) and the Department’s Bureau of Emergency Medical Services (BEMS) have undertaken an examination of the practice of EMS response and prehospital care. This ongoing project is intended to promote a safe working environment and a “culture of safety”.

Title 10 New York State Codes, Rules and Regulations – Part 800.21(q) require the EMS service to report certain types of incidents to the Department within 24 hours of the event and in writing within five (5) business days. These incidents include:

- A patient death or injury due to the actions of the EMS provider
- A response vehicle crash
- Injuries to an on-duty\(^1\) EMS provider requiring medical treatment
- The death of an EMS provider while on-duty.
- Patient care equipment failures that occur while being used to treat a patient and known to have caused harm to the patient or crew.
- It is alleged that any member of the ambulance service has responded to an incident or treated a patient while under the influence of alcohol or drugs while on duty.

In addition to the above mentioned circumstances, reportable incidents also include EMS response or on-duty related illnesses and exposures to infectious diseases or hazardous materials.

**REPORTABLE INCIDENT FORM**

In an effort to better capture detailed information on EMS related injuries, illnesses and reportable events, the Department, with the assistance of the SEMSCO’s “Safety” Technical Advisory Group (TAG) have developed the attached Reportable Incident Form (DOH-4461).

This form must be completed for any incident in which serious injury, illness or death of an EMS provider, patient or other individual (for example, a bystander, driver of another vehicle) occurred in the course of their EMS response and/or duties. The form must be completed and returned to the appropriate BEMS Regional EMS Office within five (5) business days of the incident. A current list of regional office and EMS staff is available at [http://www.health.state.ny.us/nysdoh/ems/emsrep.htm](http://www.health.state.ny.us/nysdoh/ems/emsrep.htm). This form does not take the place of any other local, state, federal or insurance required reporting form.

The form does not require the inclusion of individual identification or protected medical information and such materials should not be included when submitted to the Department. The information obtained on

\(^1\) For the purposes of this Policy Statement, the term “on-duty” is defined as responding to a patient, treating and/or transporting a patient, assigned stand-bys and returning to service, the EMS station or residence.
the form will be collected in a database to be used to study events, incidents and injury trends with the intention to identify issues and solutions for change in order to make the EMS environment safer for its participants, the patients and the citizens of local communities. Additionally, the completed forms will maintained by the Department.

As an important reminder, the Part 800.21(q) also requires that an EMS agency report any situation in which it is alleged that a member/staff of the EMS agency has responded to an incident or treated a patient while under the influence of alcohol or drugs while on duty must also be reported to the Department. This must be done in writing and sent to the appropriate BEMS Regional EMS Office within five (5) business days of the incident.

FORM DIRECTIONS

The form is comprised of six (6) pages. It is only necessary to complete the pages that pertain to the specific incident being reported. If the incident requires additional description, use the appropriate supplemental pages provided. The pages of the form may be photocopied and attached as necessary. Additional copies of the form are available on the Department’s web site at http://www.health.state.ny.us/nysdoh/ems/emsforms.htm.

Only complete and return sections that pertain to the incident being reported.

1. Please attach copies of any agency specific Incident Reports. Individual and/or protected medical information may be redacted.
2. If the type of injury, illness, or any other necessary information is not listed, Section 6 on page 6 must be completed. If multiple pages are necessary, this page can be photocopied.
3. Section 1 is for general information relating to the incident only and must be completed for all reporting. Only complete items in this section that pertain to the incident. Example: If no vehicle involved, do not complete that part.
4. Section 2 must be completed if an EMS crew member is injured or otherwise meets the reporting criteria.
5. Section 3 must be completed if a patient is injured or otherwise meets the reporting criteria.
6. Section 4 must be completed if another emergency responder (outside of your agency) or civilian is injured or otherwise meets the reporting criteria.
7. Section 5 must be completed if one or more vehicles were involved in the incident.
8. Section 6 must be completed only if additional documentation is necessary to describe this incident. Photocopies of this sheet can be utilized for additional documentation.
9. Supplemental Page 1 is only to be used to document additional EMS crew members injured or otherwise meets the reporting criteria.
10. Supplemental Page 2 is only to be used to document additional patients injured or otherwise meet the reporting criteria.
11. Supplemental Page 3 is only to be used if additional emergency responders (other than your crew), or civilians are injured or otherwise meet the reporting criteria.
12. Supplemental Page 4 is to be used as necessary to document additional vehicles involved with this incident.

CONCLUSION

The submission of the Reportable Incident form is required should there be any serious injury, illness or death of an EMS provider, patient or other individual (for example, a bystander, driver of another vehicle) occurring in the course of their EMS response and/or duties. If there is a question as to whether a specific event meets the regulatory criteria, please complete and submit the form and documentation. It is the SEMSCO and Department’s goal to be able to study the information gathered so that the EMS community has a better understanding of the risks it faces and is able to work to build a safer EMS and patient care environment.

Approved by Edward Wronski, Director
Reportable Incident Form

This form must be completed for any serious injury, illness or death of an EMS provider, patient or other individual in accordance with Part 800.21(q) and 800.21(r). The completed form must be submitted to the New York State Department of Health’s Bureau of Emergency Medical Services within 5 business days for every incident.

Name of EMS Service ____________________________________________________________________________ NYS EMS Agency Code ________________

Address ______________________________________________________________________________________

City __________________ State ______ ZIP __________ County ________________________________

Name of Contact Person and Title _______________________________________________________________________________

Business Phone (_________ ) ______________ Other Phone (_________) ______________

FORM DIRECTIONS

Only complete and return sections that pertain to the incident being reported.

1. Please attach copies of any agency specific Incident Reports.

2. If the type of injury, illness, or any other necessary information is not listed, Section 6 on page 6 must be completed. If multiple pages are necessary, this page can be photocopied.

3. Section 1 is for general information relating to the incident only and must be completed for all reporting. Only complete items in this section that pertain to the incident. Example: If no vehicle involved, do not complete that part.

4. Section 2 must be completed if an EMS crew member is injured or otherwise meets the reporting criteria.

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6. Section 4 must be completed if another emergency responder (outside of your agency) or civilian is injured or otherwise meets the reporting criteria.

7. Section 5 must be completed if one or more vehicles were involved in the incident.

8. Section 6 must be completed only if additional documentation is necessary to describe this incident. Photocopies of this sheet can be utilized for additional documentation.

9. Supplemental Page 1 is only to be used to document additional EMS crew members injured or otherwise meets the reporting criteria.

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11. Supplemental Page 3 is only to be used if additional emergency responders (other than your crew), or civilians are injured or otherwise meet the reporting criteria.

12. Supplemental Page 4 is to be used as necessary to document additional vehicles involved with this incident.

This form does not replace any incident reporting forms required by a regional council, state or federal laws and regulation, and/or insurance policies.
### General Incident Information

**Date of Incident** ______________  **Time (24 Hour)** ______________  **Day of Week** ______________

**Your Agency Type** *(Check only one.)*
- [ ] Commercial
- [ ] College
- [ ] Fire Department
- [ ] Independent
- [ ] Industrial
- [ ] Not-for-Profit
- [ ] Municipal
- [ ] Hospital

**Type of Incident**
- [ ] Illness
- [ ] Injury
- [ ] Injury During Response/Scene Operations
- [ ] Injury During Training Operations
- [ ] Other ________________

**Location**
- [ ] Roadway
- [ ] Residence
- [ ] Commercial Site
- [ ] Other ________________

**Agency Status at Time of Incident**
- [ ] Available
- [ ] On Scene
- [ ] Parked (Staffed)
- [ ] Responding
- [ ] En-route to Hospital
- [ ] Parked (Unstaffed)

**Weather Conditions at the Time of the Incident** *(Check all that apply.)*
- [ ] Daylight
- [ ] Night
- [ ] Dawn/Dusk
- [ ] Clear
- [ ] Fog
- [ ] Rain
- [ ] Snow
- [ ] Ice
- [ ] Other ________________

**Motor Vehicle Involved** [ ] Yes  [ ] No

EMS Vehicle Involved:  [ ] Ambulance  [ ] ALS-FR  [ ] EAV  [ ] Other ____________________________

Other Vehicle Involved:  [ ] Car  [ ] Truck  [ ] Other ____________________________

- [ ] Backing
- [ ] Head-On
- [ ] Sideswipe
- [ ] Parked
- [ ] Vehicle/Pedestrian
- [ ] Vehicle/Responder

**Law Enforcement Response** [ ] Yes  [ ] No

If Incident Occurred During Response, What Was the Patient Condition Based on Dispatch Information?
- [ ] Minor
- [ ] Moderate
- [ ] Serious
- [ ] Critical

**If Roadway**  Number of Lanes _____ *(All lanes. If road is bidirectional, count lanes for both directions.)*
- [ ] Intersection
- [ ] Paved
- [ ] Unpaved
- [ ] Traffic Control Device
- [ ] Private
- [ ] Local
- [ ] State
- [ ] Interstate

**Road Conditions**
- [ ] Dry
- [ ] Wet
- [ ] Ice
- [ ] Snow
- [ ] Other ____________________________

**Contributing Factors**
- [ ] Mechanical Failure
- [ ] Drug/Alcohol Impaired (EMS Provider)
- [ ] Broken Traffic Control Device
- [ ] Drug/Alcohol Impaired (Other Party)
- [ ] Other ____________________________

**Number of Persons Involved**  ____ EMS Crew Member  ____ Patient  ____ Other Emergency Service  ____ Civilian

**Number of Persons Injured**  ____ EMS Crew Member  ____ Patient  ____ Other Emergency Service  ____ Civilian
**SECTION 2  Injured EMS Crew Member Information**

*Complete this section for each injured EMS crew member. If more than one EMS crew member, use Supplemental Page 1.*

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**Age _______  □ Male  □ Female**

- □ CFR
- □ EMT
- □ EMT I
- □ EMT CC
- □ EMT P
- □ EMS Supervisor
- □ Driver/Helper
- □ Volunteer
- □ Paid

**Vehicle Operator**

- □ EVOC/CEVO Trained (Year ____________ )
- □ Restricted Working Outside Environment
- □ Unrestricted Working Inside Building (Non-vehicle)

**Vehicle Occupant**

- □ Restricted Working Outside Environment
- □ Unrestricted Working Inside Building (Non-vehicle)

**Mechanism of Injury**

- □ Animal Bite
- □ Assault
  - □ No Weapon
  - □ With Weapon (Type ____________________ )
- □ Carrying Equipment
- □ Moving Patient
  - □ Transfer Onto/Off Stretcher
  - □ During Stretcher Transport
- □ Electrical Injury
- □ Explosion
  - □ Fire
  - □ Hazardous Materials Exposure
    (Specify Product ____________________________ )
  - □ Lifting/Bending
  - □ Needle Stick
  - □ Pedestrian Struck
  - □ Slip/Fall
  - □ Structural Collapse
  - □ Toxic Inhalation
  - □ Other ________________________________

**Injury/Illness Description**

- □ Respiratory
  - □ Death
- □ Cardiac
  - □ Fracture/Dislocation
- □ Cardiac Arrest
  - □ Laceration
- □ Stroke
  - □ Burn
- □ Seizure
  - □ Amputation
- □ Head Injury
- □ Spinal Injury
- □ Sprain/Strain
- □ Trauma Penetrating
- □ Exposure
- □ Head
- □ Cold
- □ Exposure Hazmat

**Specify Body Part Affected**

- □ Head
- □ Back
- □ Leg ( □ Left / □ Right )
- □ Neck
  - □ Abdomen
  - □ Hand ( □ Left / □ Right )
- □ Chest
  - □ Arm ( □ Left / □ Right )
  - □ Foot ( □ Left / □ Right )
- □ Internal Organ/System _________________________

**Disposition: Admission**

- □ Emergency Department Only
- □ Critical Care Admission
- □ Personal Physician
- □ Hospital General Admission
- □ Deceased
- □ None
- □ Time Lost ____________ (Days)
### SECTION 3  Patient Information

*If more than one patient, use Supplemental Page 2.*

**Age ________ □ Male □ Female**

<table>
<thead>
<tr>
<th>Pre-event Condition</th>
<th>□ Stable □ Unstable □ Critical</th>
</tr>
</thead>
</table>

**Post Event Injury Condition** □ Stable □ Unstable □ Critical

**Injury/Illness Description**

<table>
<thead>
<tr>
<th>□ Respiratory</th>
<th>□ Death</th>
<th>□ Head Injury</th>
<th>□ Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cardiac</td>
<td>□ Fracture/Dislocation</td>
<td>□ Spinal Injury</td>
<td>□ Heat</td>
</tr>
<tr>
<td>□ Cardiac Arrest</td>
<td>□ Laceration</td>
<td>□ Sprain/Strain</td>
<td>□ Cold</td>
</tr>
<tr>
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<td>□ Burn</td>
<td>□ Trauma Penetrating</td>
<td>□ Exposure Hazmat</td>
</tr>
<tr>
<td>□ Seizure</td>
<td>□ Amputation</td>
<td>□ Possible Cause</td>
<td></td>
</tr>
</tbody>
</table>

**Specify Body Part Affected**

<table>
<thead>
<tr>
<th>□ Head</th>
<th>□ Back</th>
<th>□ Leg ( □ Left / □ Right )</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Neck</td>
<td>□ Abdomen</td>
<td>□ Hand ( □ Left / □ Right )</td>
</tr>
<tr>
<td>□ Chest</td>
<td>□ Arm ( □ Left / □ Right )</td>
<td>□ Foot ( □ Left / □ Right )</td>
</tr>
<tr>
<td>□ Internal Organ/System</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disposition: Admission**

<table>
<thead>
<tr>
<th>□ Emergency Department Only</th>
<th>□ Critical Care Admission</th>
<th>□ Personal Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hospital General Admission</td>
<td>□ Deceased</td>
<td>□ None</td>
</tr>
<tr>
<td>□ Time Lost ________ (Days)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 4  Other Emergency Service Personnel (Firefighter, Police) or Civilian Information

*If more than one other emergency service personnel or civilian, use Supplemental Page 3.*

**Age ________ □ Male □ Female**

**Injury/Illness Description**

<table>
<thead>
<tr>
<th>□ Respiratory</th>
<th>□ Death</th>
<th>□ Head Injury</th>
<th>□ Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Cardiac</td>
<td>□ Fracture/Dislocation</td>
<td>□ Spinal Injury</td>
<td>□ Heat</td>
</tr>
<tr>
<td>□ Cardiac Arrest</td>
<td>□ Laceration</td>
<td>□ Sprain/Strain</td>
<td>□ Cold</td>
</tr>
<tr>
<td>□ Stroke</td>
<td>□ Burn</td>
<td>□ Trauma Penetrating</td>
<td>□ Exposure Hazmat</td>
</tr>
<tr>
<td>□ Seizure</td>
<td>□ Amputation</td>
<td>□ Possible Cause</td>
<td></td>
</tr>
</tbody>
</table>

**Specify Body Part Affected**

<table>
<thead>
<tr>
<th>□ Head</th>
<th>□ Back</th>
<th>□ Leg ( □ Left / □ Right )</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Neck</td>
<td>□ Abdomen</td>
<td>□ Hand ( □ Left / □ Right )</td>
</tr>
<tr>
<td>□ Chest</td>
<td>□ Arm ( □ Left / □ Right )</td>
<td>□ Foot ( □ Left / □ Right )</td>
</tr>
<tr>
<td>□ Internal Organ/System</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disposition: Admission**

<table>
<thead>
<tr>
<th>□ Emergency Department Only</th>
<th>□ Critical Care Admission</th>
<th>□ Personal Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hospital General Admission</td>
<td>□ Deceased</td>
<td>□ None</td>
</tr>
<tr>
<td>□ Time Lost ________ (Days)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Vehicle #1 (Ambulance) Information

**Type of Vehicle**
- [ ] Type I
- [ ] Type III
- [ ] Sedan
- [ ] Type II
- [ ] SUV
- [ ] EASV
- [ ] Other

**Amount of Damage**
- [ ] Minor
- [ ] Severe
- [ ] Entrapment
- [ ] Moderate
- [ ] Personal Injury
- [ ] Airbag Deployment

**Vehicle Information**
- [ ] Vehicle Make
- [ ] Vehicle Year
- [ ] License Plate Number
- [ ] Insurance Code
- [ ] Last Maintenance Date

**Emergency Lights at Time of Collision?**
- [ ] Yes
- [ ] No

**Siren at Time of Collision?**
- [ ] Yes
- [ ] No

**Ambulance Operator**
- [ ] Driver's Name
- [ ] NYS EMT Number
- [ ] Age
- [ ] Male
- [ ] Female
- [ ] Hours on Duty

**Reported to Duty From**
- [ ] Home Rested
- [ ] Other Work Location Rested
- [ ] Home Unrested
- [ ] Other Work Location Unrested

**Investigating Agency/Precinct**
- [ ] State Police
- [ ] Local Police Department
- [ ] Sheriff
- [ ] Other

**Law Enforcement Name, Barracks or Precinct**

**Report Number**

**Total Accident Damage Estimate ($)**

### Vehicle #2 Information

*If more than one vehicle, use Supplemental Page 4.*

**Type of Vehicle**
- [ ] Sedan
- [ ] Truck (Semi)
- [ ] Other
- [ ] SUV
- [ ] Truck (Straight)
- [ ] Other Emergency Vehicle
- [ ] Pickup

**Amount of Damage**
- [ ] Minor
- [ ] Severe
- [ ] Entrapment
- [ ] Moderate
- [ ] Personal Injury
- [ ] Airbag Deployment
This page is intended to be used for documenting additional injured EMS crew members. Photocopy as necessary.

<table>
<thead>
<tr>
<th>Age _______</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMT I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMT I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver/Helper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Vehicle Operator**

<table>
<thead>
<tr>
<th>□ Vehicle Operator</th>
<th>□ EVOC/CEVO Trained (Year _________ )</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Restrained</td>
<td>□ Working Outside Environment</td>
</tr>
<tr>
<td>□ Unrestrained</td>
<td>□ Working Inside Building (Non-vehicle)</td>
</tr>
</tbody>
</table>

**Vehicle Occupant**

| □ Restrained       | □ Working Outside Environment        |
| □ Unrestrained     | □ Working Inside Building (Non-vehicle) |

**Mechanism of Injury**

| Animal Bite | □ Fire |
| Assualt     | □ Hazardous Materials Exposure |
| No Weapon   | □ Lifting/Bending |
| With Weapon (Type __________________ ) | |
| Carrying Equipment | □ Needle Stick |
| Moving Patient   | □ Pedestrian Struck |
| Transfer Onto/Off Stretcher | □ Slip/Fall |
| During Stretcher Transport | □ Structural Collapse |
| Electrical Injury | □ Toxic Inhalation |
| Explosion | □ Other __________________ |

**Injury/Illness Description**

| □ Respiratory | □ Death |
| □ Cardiac    | □ Fracture/Dislocation |
| □ Cardiac Arrest | □ Laceration |
| □ Stroke     | □ Burn |
| □ Seizure    | □ Amputation |
| □ Head Injury | □ Exposure |
| □ Spinal Injury | □ Heat |
| □ Sprain/Strain | □ Cold |
| □ Trauma Penetrating | □ Exposure Hazmat |

**Specify Body Part Affected**

| □ Head | □ Back |
| □ Neck | □ Abdomen |
| □ Chest | □ Arm ( □ Left / □ Right ) |
| □ Internal Organ/System | |

**Disposition: Admission**

| □ Emergency Department Only | □ Critical Care Admission |
| □ Hospital General Admission | □ Deceased |
| □ Personal Physician | □ None |
| □ Time Lost __________ (Days) | |
### Patient #2 Information

**Age**
- Male
- Female

**Pre-event Condition**
- Stable
- Unstable
- Critical

**Post Event Injury Condition**
- Stable
- Unstable
- Critical

**Injury/Illness Description**

- [ ] Respiratory
- [ ] Cardiac
- [ ] Cardiac Arrest
- [ ] Stroke
- [ ] Seizure
- [ ] Death
- [ ] Fracture/Dislocation
- [ ] Laceration
- [ ] Burn
- [ ] Amputation
- [ ] Head Injury
- [ ] Spinal Injury
- [ ] Sprain/Strain
- [ ] Trauma Penetrating
- [ ] Possible Cause

**Specify Body Part Affected**
- Head
- Back
- Leg (Left / Right)
- Neck
- Abdomen
- Hand (Left / Right)
- Chest
- Arm (Left / Right)
- Foot (Left / Right)
- Internal Organ/System

**Disposition: Admission**
- Emergency Department Only
- Critical Care Admission
- Personal Physician
- Hospital General Admission
- Deceased
- None
- Time Lost: _____ (Days)

### Patient #3 Information

**Age**
- Male
- Female

**Pre-event Condition**
- Stable
- Unstable
- Critical

**Post Event Injury Condition**
- Stable
- Unstable
- Critical

**Injury/Illness Description**

- [ ] Respiratory
- [ ] Cardiac
- [ ] Cardiac Arrest
- [ ] Stroke
- [ ] Seizure
- [ ] Death
- [ ] Fracture/Dislocation
- [ ] Laceration
- [ ] Burn
- [ ] Amputation
- [ ] Head Injury
- [ ] Spinal Injury
- [ ] Sprain/Strain
- [ ] Trauma Penetrating
- [ ] Possible Cause

**Specify Body Part Affected**
- Head
- Back
- Leg (Left / Right)
- Neck
- Abdomen
- Hand (Left / Right)
- Chest
- Arm (Left / Right)
- Foot (Left / Right)
- Internal Organ/System

**Disposition: Admission**
- Emergency Department Only
- Critical Care Admission
- Personal Physician
- Hospital General Admission
- Deceased
- None
- Time Lost: _____ (Days)
### Other Emergency Service Personnel or Civilian #2 Information

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>□ Male</td>
<td>□ Female</td>
</tr>
</tbody>
</table>

**Injury/Illness Description**

- □ Respiratory  □ Death  □ Head Injury  □ Exposure
- □ Cardiac  □ Fracture/Dislocation  □ Spinal Injury  □ Heat
- □ Cardiac Arrest  □ Laceration  □ Sprain/Strain  □ Cold
- □ Stroke  □ Burn  □ Trauma Penetrating  □ Exposure Hazmat
- □ Seizure  □ Amputation

**Specify Body Part Affected**

- □ Head  □ Back
- □ Neck  □ Abdomen
- □ Chest  □ Arm ( □ Left / □ Right )
- □ Internal Organ/System

**Disposition: Admission**

- □ Emergency Department Only  □ Critical Care Admission  □ Personal Physician
- □ Hospital General Admission  □ Deceased  □ None  □ Time Lost ________ (Days)

---

### Other Emergency Service Personnel or Civilian #3 Information

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>□ Male</td>
<td>□ Female</td>
</tr>
</tbody>
</table>

**Injury/Illness Description**

- □ Respiratory  □ Death  □ Head Injury  □ Exposure
- □ Cardiac  □ Fracture/Dislocation  □ Spinal Injury  □ Heat
- □ Cardiac Arrest  □ Laceration  □ Sprain/Strain  □ Cold
- □ Stroke  □ Burn  □ Trauma Penetrating  □ Exposure Hazmat
- □ Seizure  □ Amputation

**Specify Body Part Affected**

- □ Head  □ Back
- □ Neck  □ Abdomen
- □ Chest  □ Arm ( □ Left / □ Right )
- □ Internal Organ/System

**Disposition: Admission**

- □ Emergency Department Only  □ Critical Care Admission  □ Personal Physician
- □ Hospital General Admission  □ Deceased  □ None  □ Time Lost ________ (Days)
This page is intended to be used for documenting additional vehicles involved. Photocopy as necessary.

<table>
<thead>
<tr>
<th>Vehicle #3 Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Vehicle</strong></td>
</tr>
<tr>
<td>☐ Sedan</td>
</tr>
<tr>
<td>☐ SUV</td>
</tr>
<tr>
<td>☐ Pickup</td>
</tr>
<tr>
<td>☐ Truck (Semi)</td>
</tr>
<tr>
<td>☐ Truck (Straight)</td>
</tr>
<tr>
<td>☐ Other_________________</td>
</tr>
<tr>
<td>☐ Other Emergency Vehicle_________________</td>
</tr>
<tr>
<td><strong>Amount of Damage</strong></td>
</tr>
<tr>
<td>☐ Minor</td>
</tr>
<tr>
<td>☐ Moderate</td>
</tr>
<tr>
<td>☐ Severe</td>
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<tr>
<td>☐ Personal Injury</td>
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<tr>
<td>☐ Severe</td>
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<tr>
<td>☐ Personal Injury</td>
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<tr>
<td>☐ Airbag Deployment</td>
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