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|  | | **Cambria Alliance EMS**  725 2nd Street Cresson, Pa 16630  814.886.5641 -- 814.886.7514 (fax)  EMS Vehicle Collision & Personal Injury Report  *Must be filed within 24hrs of incident—within 8hrs if fatality involved* | | | | | | | | | | |
| Date of accident | | | | Day of week | | | | | | | Time of day | |
| Month | Day | | Year | Mo | Tu | We | Th | Fr | Sa | Su | Hour (24hr) | Minute |
|  |  | |  |  |  |  |  |  |  |  |  |  |

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| Service Information | Service Name | | | | | | | | | | | | | | | | | Affiliate Number | | | | | | | | |
| Name of person filing report | | | | | | | | | | | | | | | | | Title | | | | | | | | |
| Phone | | | | | | | | | | | | | | Email | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | Apt/Rm | | |
| City | | | | | | | | | | | | | | | | | State & Zip | | | | | | | | |
| Make | | | | | | | | Model | | | | | | | | | | Year | | | Drivable after accident | | | | | |
| Accident Information | Number of Vehicles involved | | | | | Involved in collision with | | | | | | | | | | | | | | | | | | | | |
| Ambulance(s) | | |  | |  | | Animal | | | | | |  | | Natural Object | | | | | |  | Fixed Object | | | |
| Other Emer. Service | | |  | |  | | Pedestrian | | | | | |  | | Bicycle | | | | | |  | Vehicle in traffic | | | |
| Civilian Vehicle(s) | | |  | |  | | Vehicle overturned | | | | | |  | | Parked vehicle | | | | | |  | Left road; no impact | | | |
| Impact Type | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Front to rear |  | | Sideswipe | | | | |  | Rollover | |  | | | Broadside | | |  | Head on | | | | |  | Other |
| Accident Information | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of accident (street name/route no./intersection) | | | | | | | | | | | | | | | | Nearest Mile Marker | | | | | | | | No. of lanes | |
| Approx. speed of CAEMS vehicle | | | | | | Posted speed limit | | | | | | | | | | Traffic controls  🞏 Stop Sign 🞏 Yield Sign 🞏 Signal light 🞏 Other | | | | | | | | | |
| Traffic signal during accident  🞏 Red 🞏 Yellow 🞏 Green 🞏 Arrow signal 🞏 N/A | | | | | | | | | | | Warning devices in use  🞏 Visual (red lights) 🞏 Audible (siren) 🞏 Headlights 🞏 None | | | | | | | | | | | | | | |
| Weather  🞏 Clear 🞏 Foggy 🞏 Cloudy  🞏 Rain 🞏 Snow 🞏 Ice | | | | | | | | Lighting  🞏 Daylight 🞏 Dark – Road lighting  🞏 Dusk/Dawn 🞏 Dark – Road unlighted | | | | | | | | | | | Road Surface  🞏 Dry 🞏 Wet 🞏 Icy 🞏 Snow | | | | | | |
| Mode of service at time of accident  🞏 Responding to an emergency 🞏 Responding to non-emergency 🞏 Parked at incident 🞏 Routine driving 🞏 Driver training  🞏 Transporting patient – non-emergency 🞏 Transporting patient – emergency 🞏 Parked – not at an incident 🞏 Backing up  🞏 Other (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of event (attach additional documentation as needed) | | | | | | | | | | | | | | | | | | | | | | | | | |