

GEORGETOWN-SCOTT COUNTY EMS

VEHICLE ACCIDENT / INVESTIGATION REPORT (MUST BE FILLED OUT BY EMPLOYEE PRIOR TO LEAVING)

Name_____ Date_____
Vehicle ID#_____ On a run Y / N_____ Lights & Siren Y / N_____
Injuries to crew, patient or other vehicle occupants (list names)_____

ACCIDENT
Date of event_____ Time of event_____ Run #_____
Where did event occur_____
Describe event_____

Witnessess_____
Was safety equipment utilized (safety belts front and rear) _____?
Was police department contacted Y / N_____ Road conditions_____
Daylight or darkness_____ Weather_____

Employee Signature_____

Supervisor Signature_____