

# **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)_____	
_____	
<b>ACCIDENT</b>	
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**\_\_\_\_\_