



# ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

208 Legends Court, Prattville, AL 36066

Mail to: Office of EMS, P.O. Box 303017 Montgomery, AL 36130-3017



## Ambulance Accident Report

\*Attach Copy of Police Report\*

Date of Incident: \_\_\_\_\_ Report Date: \_\_\_\_\_

### Agency Information

Agency Name: _____	County: _____
Contact Person: _____	Region: _____
Email: _____	Phone: _____

### Ambulance Information

Chassis: _____ <small>(Year / Make / Model)</small>	Unit Number: _____
Manufacturer: _____	Ambulance Type: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III

### Incident Information

Incident Location: _____	Time of Incident: _____
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### Ambulance Occupancy Information

Position	Role*	Seatbelt?	Car seat?	Injury?
Driver:	Driver	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Death
Passenger Seat:		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Death
Stretcher:		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Death
Captain Seat:		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Death
Left Side Bench/Seat:		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Death
Right Side Bench/Seat:		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Death
Other:		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Death

\*Role selections: Pt Care EMSP, Patient, or Passenger.

### Incident Data

<input type="checkbox"/> Items thrown from dashboard	<input type="checkbox"/> Patient thrown from stretcher (no straps used)
<input type="checkbox"/> Driver thrown from seat (no seatbelt)	<input type="checkbox"/> Driver thrown from seat (no seatbelt) causing injury
<input type="checkbox"/> Passenger (cab) thrown from seat (no seatbelt)	<input type="checkbox"/> Passenger (cab) thrown from seat (no seatbelt) causing injury
<input type="checkbox"/> Stretcher broke free from mount	<input type="checkbox"/> Stretcher broke free from mount causing injury
<input type="checkbox"/> Equipment broke free from mount	<input type="checkbox"/> Equipment broke free from mount causing injury
<input type="checkbox"/> Patient care area breached	<input type="checkbox"/> Patient care area breached causing injury
<input type="checkbox"/> Person thrown from chair or bench (to floor)	<input type="checkbox"/> Person thrown from chair or bench resulting in injury
<input type="checkbox"/> Person thrown from bench onto patient	<input type="checkbox"/> Person thrown from bench onto patient causing injury to patient