

MEDICAL EXPRESS AMBULANCE SERVICE INC.

IF YOU ARE INVOLVED IN A COLLISION  
NOTIFY DISPATCH IMMEDIATELY:

INFORM THEM OF YOUR "EXACT" LOCATION

- \* INJURIES
- \* NUMBER OF VEHICLES INVOLVED
- \* SEVERITY OF DAMAGE TO YOUR VEHICLE

DISPATCH WILL AUTOMATICALLY CALL THE APPROPRIATE POLICE, UNLESS IT IS A  
MINOR ACCIDENT IN CHICAGO. IN THAT CASE THEY WILL TELL YOU WHICH

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CHICAGO POLICE STATION TO GO AND FILL OUT AN ACCIDENT REPORT.

EVALUATE SCENE HAZARDS, ADVISE IF YOU NEED THE FIRE DEPARTMENT.

TREAT THE INJURED, ADVISE IF YOU NEED ADDITIONAL AMBULANCES.

LOCATE AND SECURE WITNESSES.

KEEP DISPATCH ADVISED OF ANY CHANGING SITUATIONS AND ALWAYS BE WITHIN RADIO CONTACT.

\*\*TAKE PICTURES AS SOON AS POSSIBLE FOLLOWING THE ACCIDENT OF ALL THE VEHICLES INVOLVED, THE INTERSECTION OR LOCATION WHERE THE ACCIDENT OCCURRED, AND IF NECESSARY, THE INSIDE OF THE AMBULANCE. MAKE SURE YOU COVER EVERY SIDE AND ANGLE OF EACH VEHICLE INVOLVED !!!

**DO NOT ADMIT FAULT OR RESPONSIBILITY FOR THE  
ACCIDENT TO ANYONE !!!**

(GIVE STATEMENTS ONLY TO LAW ENFORCEMENT AND MEDICAL EXPRESS MANAGEMENT).

**ACCIDENT PACKET  
FILL OUT IMMEDIATELY !**





**(TO BE COMPLETED BY DRIVER)**

**\*TURNED INTO:**

- MEDEX VEHICLE TURNED INTO OTHER VEHICLE
- MEDEX VEHICLE STRUCK OTHER VEHICLE WHEN CHANGING LANES
- MEDEX VEHICLE STRUCK OTHER VEHICLE WHILE PASSING
- OTHER VEHICLE STRUCK MEDEX VEHICLE WHILE PASSING
- OTHER VEHICLE STRUCK MEDEX VEHICLE WHILE CHANGING LANES
- OTHER VEHICLE TURNED INTO MEDEX VEHICLE

**\*BROADSIDE.-**

- MEDEX VEHICLE STRUCK OTHER VEHICLE BROADSIDE
- OTHER VEHICLE STRUCK MEDEX VEHICLE BROADSIDE

**\*SIDESWIPE.-**

- MEDEX VEHICLE SIDESWIPE OTHER VEHICLE
- OTHER VEHICLE SIDESWIPE MEDEX VEHICLE

**\*OTHER:**

- MEDEX VEHICLE STRUCK A FIXED OBJECT
- MEDEX VEHICLE STRUCK A PEDESTRIAN
- MEDEX VEHICLE ROLLED OVER
- MEDEX VEHICLE STRUCK HEAD-ON BY OTHER VEHICLE
- MEDEX VEHICLE STRUCK MULTIPLE OTHER VEHICLES
- MEDEX VEHICLE STRUCK BY OTHER VEHICLE IN A HIT AND RUN
- MEDEX VEHICLE STRUCK THE OTHER VEHICLE HEAD-ON
- MEDEX VEHICLE RAN OFF THE ROADWAY
- MEDEX VEHICLE STRUCK BY ANOTHER VEHICLE IN UNKNOWN CIRCUMSTANCES.

**ROAD CHARACTER:**

- STRAIGHT LEVEL
- STRAIGHT ON GRADE
- STRAIGHT HILL CREST
- OTHER,
- CURVE LEVEL
- CURVE ON GRADE
- CURVE ON HILL CREST

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**ROAD SURFACE:**

- DRY
- WET
- ICE
- SNOW

**LANES: (TOTAL, BOTH DIRECTIONS - CHECK ONE ONLY)**

- ONELANE
- TWO LANE
- THREE LANE
- FOURLANE
- UNMARKED LANE
- OTHER, (DESCRIBE: \_\_\_\_\_)

**(TO BE COMPLETED BY DRIVER)**

**LIGHTING:** (CHECK ONLY ONE)

DAYLIGHT  DUSK  DAWN

**WEATHER:** (CHECK ONLY ONE)

CLEAR  RAIN  FOG  ICE/SLEET  SNOW

**SPEED POSTED:**

NO  YES, LIMIT  M.P.H.

**EMERGENCY LIGHTS ACTIVATED?:** YES NO

**SIREN SOUNDING AT TIME OF COLLISION?:** YES NO

**SIREN MODE IN USE AT TIME OF COLLISION?:** WAIL YELP

OTHER, (DESCRIBE: \_\_\_\_\_ )

**ESTIMATED SPEED PRIOR TO BRAKING?** \_\_\_\_\_ M.P.H.

**ESTIMATED SPEED AT IMPACT?** \_\_\_\_\_ M.P.H.

**INTERSECTION:**

YES  NO (IF YES ANSWER THE FOLLOWING):

\* CONTROLLED BY SIGN OR SIGNAL:  YES  NO

\* WAS A FULL STOP MADE AT THE STOP LINE?:  YES  NO

\* IF NOT, AT WHAT SPEED WAS THE INTERSECTION ENTERED? \_\_\_\_\_ M.P.H.

\* WERE ADDITIONAL FULL STOPS MADE AT EACH VACANT LANE?  YES  NO

\* WAS EYE CONTACT MADE WITH OTHER DRIVERS PRIOR TO ENTERING THE INTERSECTION ?  YES  NO

\* WHICH VEHICLE ENTERED THE INTERSECTION FIRST?

AMBULANCE  OTHER VEHICLE

\_\_\_\_\_  
\_\_\_\_\_

**(TO BE COMPLETED BY DRIVER)**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

-NUMBER OF YEARS EXPERIENCE AS AMBULANCE OPERATOR: \_\_\_\_\_

-PREVIOUS INSTRUCTION/TRAINING IN AMBULANCE OPERATION: \_\_\_\_\_

DATE	TYPE	LOCATION	HOURS
_____	_____	_____	_____
_____	_____	_____	_____

-NUMBER OF HOURS OF OFF DUTY TIME PRIOR TO THE SHIFT IN WHICH THE COLLISION OCCURRED: \_\_\_\_\_

-IS THIS AN EXTRA SHIFT (OT) OR PORTION THEREOF (HOLDOVER, ETC.):

\_\_\_\_\_ YES \_\_\_\_\_ NO

-UNIT TYPE: ALS \_\_\_\_\_ BLS \_\_\_\_\_ M/C \_\_\_\_\_

-EMPLOYMENT STATUS: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

-HIRE DATE: \_\_\_\_\_

**POLICE REPORT**

-NUMBER \_\_\_\_\_ DEPARTMENT/AGENCY \_\_\_\_\_

-BADGE# \_\_\_\_\_ OFFICER'S NAME \_\_\_\_\_

**MEDEX VEHICLE**

-YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ MAKE \_\_\_\_\_ UNIT# \_\_\_\_\_

-VIN# \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

-DRIVER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

-DRIVER LICENSE \_\_\_\_\_ DRIVER LICENSE STATE \_\_\_\_\_

**(TO BE COMPLETED BY DRIVER)**

**OTHER VEHICLE #1**

-YEAR \_\_\_\_\_ MODEL \_\_\_\_\_

-LICENSE PLATE# \_\_\_\_\_

-DRIVER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

-DRIVER LICENSE# \_\_\_\_\_

-ADDRESS \_\_\_\_\_

-WORK PHONE (\_\_\_\_)-\_\_\_\_\_ HOME PHONE (\_\_\_\_)-\_\_\_\_\_

-CHECK HERE IF SAME AS OWNER \_\_\_\_\_

-OWNER NAME \_\_\_\_\_

-ADDRESS \_\_\_\_\_

-WORK PHONE(\_\_\_\_)-\_\_\_\_\_ HOME PHONE(\_\_\_\_)-\_\_\_\_\_

-INSURANCE CO. \_\_\_\_\_ POLICY# \_\_\_\_\_

-AGENT NAME \_\_\_\_\_ PHONE(\_\_\_\_)-\_\_\_\_\_

**-OTHER OCCUPANT(S):**

-NAME \_\_\_\_\_

-ADDRESS \_\_\_\_\_

-WORKPHONE(\_\_\_\_)-\_\_\_\_\_ HOME PHONE(\_\_\_\_)-\_\_\_\_\_

-POSITION IN VEHICLE \_\_\_\_\_

**PROPERTY DAMAGE:**

OBJECT DAMAGED \_\_\_\_\_

NATURE OF DAMAGE \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORKPHONE(\_\_\_\_)-\_\_\_\_\_ HOME PHONE (\_\_\_\_)-\_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY# \_\_\_\_\_

AGENT NAME \_\_\_\_\_ PHONE(\_\_\_\_)-\_\_\_\_\_

**-USE REVERSE SIDE FOR ADDITIONAL INFORMATION**

**(TO BE COMPLETED BY DRIVER)**

**OTHER VEHICLE #2**

-YEAR \_\_\_\_\_ MODEL \_\_\_\_\_

-LICENSE PLATE# \_\_\_\_\_

-DRIVER NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

-DRIVER LICENSE# \_\_\_\_\_

-ADDRESS \_\_\_\_\_

-WORK PHONE (\_\_\_\_)-\_\_\_\_\_ HOME PHONE (\_\_\_\_)-\_\_\_\_\_

-CHECK HERE IF SAME AS OWNER \_\_\_\_\_

-OWNER NAME \_\_\_\_\_

-ADDRESS \_\_\_\_\_

-WORK PHONE(\_\_\_\_)-\_\_\_\_\_ HOME PHONE(\_\_\_\_)-\_\_\_\_\_

-INSURANCE CO. \_\_\_\_\_ POLICY# \_\_\_\_\_

-AGENT NAME \_\_\_\_\_ PHONE(\_\_\_\_)-\_\_\_\_\_

**-OTHER OCCUPANT(S):**

-NAME \_\_\_\_\_

-ADDRESS \_\_\_\_\_

-WORKPHONE(\_\_\_\_)-\_\_\_\_\_ HOME PHONE(\_\_\_\_)-\_\_\_\_\_

-POSITION IN VEHICLE \_\_\_\_\_

**PROPERTY DAMAGE:**

OBJECT DAMAGED \_\_\_\_\_

NATURE OF DAMAGE \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORKPHONE(\_\_\_\_)-\_\_\_\_\_ HOME PHONE (\_\_\_\_)-\_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY# \_\_\_\_\_

AGENT NAME \_\_\_\_\_ PHONE(\_\_\_\_)-\_\_\_\_\_

**-USE REVERSE SIDE FOR ADDITIONAL INFORMATION**

**(TO BE COMPLETED BY DRIVER)**

**MEDEX VEHICLE OCCUPANT INFORMATION:**

**EMPLOYEE #1-DRIVER**

NAME \_\_\_\_\_ LOCATION IN VEHICLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PAGER# \_\_\_\_\_

INJURED? YES \_\_\_\_\_ NO \_\_\_\_\_ SEAT BELTS FASTENED? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NOT, WHAT TASK WERE YOU INVOLVED IN AT MOMENT OF IMPACT?  
(BE SPECIFIC): \_\_\_\_\_

**EMPLOYEE #2-ATTENDANT**

NAME \_\_\_\_\_ LOCATION IN VEHICLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PAGER# \_\_\_\_\_

INJURED? YES \_\_\_\_\_ NO \_\_\_\_\_ SEAT BELTS FASTENED? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NOT, WHAT TASK WERE YOU INVOLVED IN AT MOMENT OF IMPACT?  
(BE SPECIFIC): \_\_\_\_\_

**EMPLOYEE #3 (IF ANY)**

NAME \_\_\_\_\_ LOCATION IN VEHICLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PAGER# \_\_\_\_\_

INJURED? YES \_\_\_\_\_ NO \_\_\_\_\_ SEAT BELTS FASTENED? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NOT, WHAT TASK WERE YOU INVOLVED IN AT MOMENT OF IMPACT?  
(BE SPECIFIC): \_\_\_\_\_

**OTHER OCCUPANT(S) - NON EMPLOYEE**

NAME \_\_\_\_\_ LOCATION IN VEHICLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PAGER# \_\_\_\_\_

INJURED? YES \_\_\_\_\_ NO \_\_\_\_\_ SEAT BELTS FASTENED? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF NOT, WHAT TASK WERE YOU INVOLVED IN AT MOMENT OF IMPACT?  
(BE SPECIFIC): \_\_\_\_\_

USE REVERSE SIDE FOR ADDITIONAL INFORMATION DATE \_\_\_\_\_

REPORT COMPLETED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_





**(TO BE COMPLETED BY ATTENDANT)**

**PRE-COLLISION PHASE:**

PROVIDE BACKGROUND INFORMATION LEADING UP TO THE COLLISION. STATE WHO WAS ON BOARD, WHAT PREPARATIONS HAD BEEN TAKEN PRIOR TO THE CALL (VEHICLE CHECK-OUT ETC.), WHEN, WHERE, AND HOW YOU WERE DISPATCHED, AND DESCRIBE ANY DELAYS OR UNUSUAL EVENTS LEADING UP TO THE COLLISION. (CONTINUE ON REVERSE SIDE IF NECESSARY).

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**COLLISION PHASE:**

CONTINUE THE CHRONOLOGICAL ACCOUNT OF EVENTS PRIOR TO THE INCIDENT. DESCRIBE ACTIONS/REACTIONS OF VEHICLES AND PERSONS AT THE TIME OF ONSET OF THE SITUATION, CONTINUING TO WHEN THE VEHICLES CAME TO REST AT THE CONCLUSION OF THE COLLISION.

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(USE REVERSE SIDE IF NECESSARY)

**POST COLLISION PHASE:**

DESCRIBE DAMAGE, INJURIES, ACTIONS OF PERSONS IMMEDIATELY FOLLOWING EVENT, LOCATION OF WITNESSES AND ANY SPONTANEOUS STATEMENTS MADE BY OTHER DRIVERS OR BYSTANDERS. ALSO, DESCRIBE YOUR ACTIONS TO HANDLE THE SITUATION SUCH AS MEDICAL CARE, REQUEST FOR PD, SUPERVISORS, ETC.  
(CONTINUE ON REVERSE SIDE IF NECESSARY)

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REPORT COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**(TO BE COMPLETED BY DRIVER)**

**DIAGRAM**

**#1). IDENTIFY MEDEX VEHICLE AS # 1, OTHER VEHICLES AS #2, #3, ETC.**

**#2) SHOW POSITIONS OF VEHICLES:**

**A. JUST PRIOR TO IMPACT**

**B. AT POINT OF IMPACT**

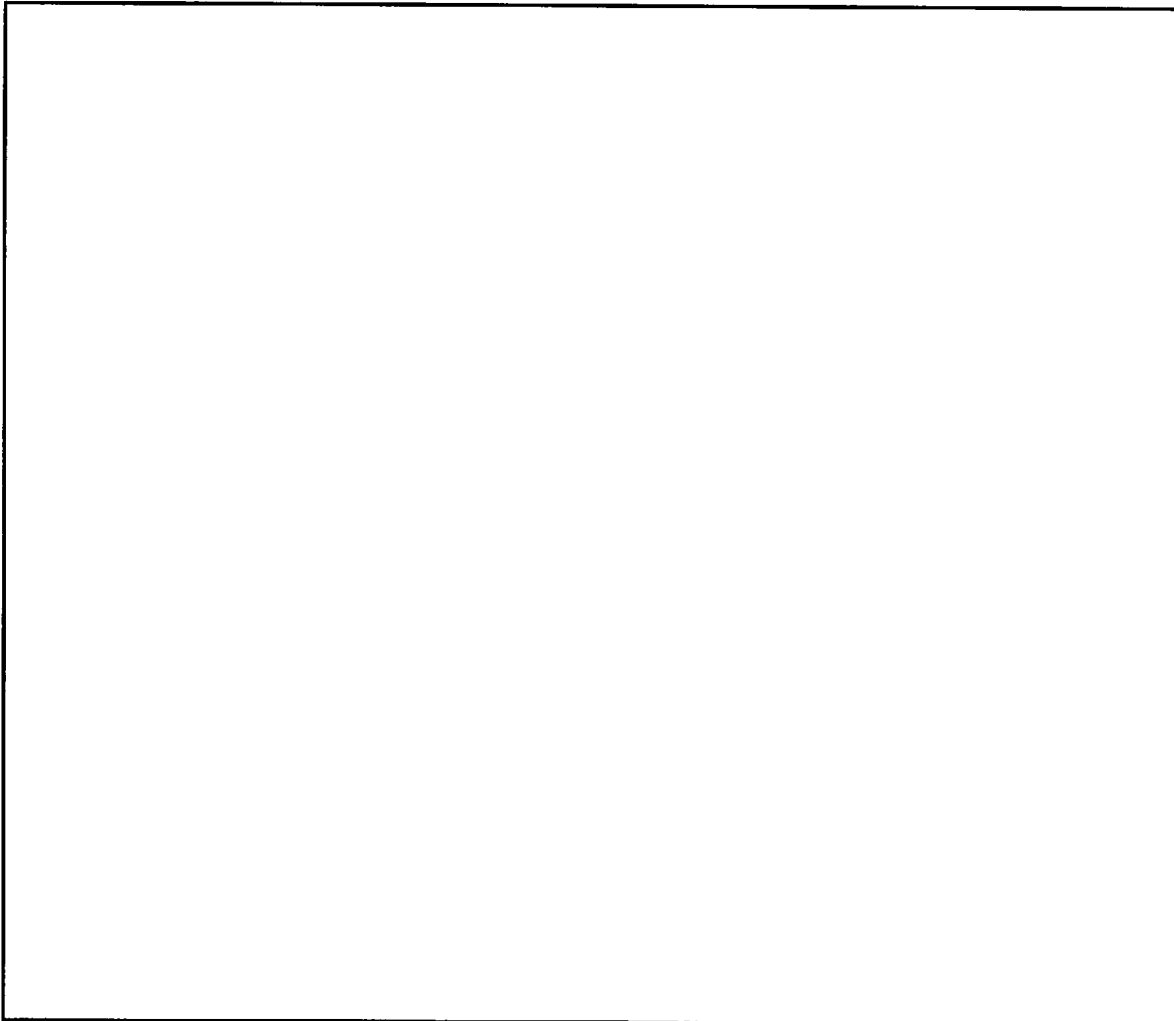
**C. WHERE VEHICLES CAME TO REST**

**#3) IDENTIFY STREET(S) BY NAME OR NUMBER.**

**#4) SHOW POSITIONS OF OTHER THINGS OF IMPORTANCE SUCH AS TRAFFIC CONTROLS,  
COLLISION DEBRIS, OBSTRUCTIONS TO VISIBILITY, LIGHTING, ETC.**

**#5) APPROXIMATE DISTANCES TO THE BEST OF YOUR ABILITY.**

**#6) INDICATE NORTH.**



**(TO BE COMPLETED BY ATTENDANT)**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

NUMBER OF YEARS EXPERIENCE AS AMBULANCE OPERATOR: \_\_\_\_\_

PREVIOUS TRAINING/INSTRUCTION IN AMBULANCE OPERATION: \_\_\_\_\_

DATE	TYPE	LOCATION	HOURS
_____	_____	_____	_____
_____	_____	_____	_____

NUMBER OF HOURS OF OFF DUTY TIME PRIOR TO THE SHIFT IN WHICH THE COLLISION OCCURRED: \_\_\_\_\_

IS THIS AN EXTRA SHIFT (OT) OR PORTION THEREOF (HOLDOVER, ETC.) YES \_\_\_ NO \_\_\_

EMERGENCY LIGHTS ACTIVATED? YES \_\_\_ NO \_\_\_ SIREN ACTIVATED? YES \_\_\_ NO \_\_\_

SIREN MODE IN USE AT TIME OF COLLISION? WAIL \_\_\_ YELP \_\_\_

EMPLOYMENT STATUS: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

HIRE DATE: \_\_\_ / \_\_\_ / \_\_\_

**NARRATIVE REPORTS:**

**#1) STATE ALL RELEVANT FACTS AND INFORMATION IN CHRONOLOGICAL ORDER.**

**#2) DO NOT SPECULATE OR OFFER OPINIONS OR JUDGMENTS.**

**#3) PROVIDE AS MUCH INFORMATION AS YOU CAN REMEMBER.**

**PRE COLLISION PHASE:**

PROVIDE BACKGROUND INFORMATION LEADING UP TO THE COLLISION. STATE WHO WAS ON BOARD, WHAT PREPARATIONS HAD BEEN TAKEN PRIOR TO THE CALL (VEHICLE CHECK-OUT ETC.), WHEN, WHERE, AND HOW YOU WERE DISPATCHED, AND DESCRIBE ANY DELAYS OR UNUSUAL EVENTS LEADING UP TO THE COLLISION. (CONTINUE ON REVERSE SIDE IF NECESSARY)

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MEDICAL EXPRESS AMBULANCE SERVICE INC.

\*\*\*WITNESS STATEMENT\*\*\*

TO: WHOM IT MAY CONCERN

FROM: (YOUR NAME) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_

(CITY, STATE) \_\_\_\_\_

(PHONE #) \_\_\_\_\_

**I WITNESSED A COLLISION INVOLVING A MEDEX VEHICLE.**

LICENSE PLATE \_\_\_\_\_ STATE \_\_\_\_\_

**ITS LOCATION WAS:**

STREET NAME \_\_\_\_\_

ADDRESS/CROSS STREET \_\_\_\_\_

**THE TIME OF THE COLLISION WAS:**

DATE \_\_\_ / \_\_\_ / \_\_\_ TIME \_\_\_ : \_\_\_ AM/PM

**WHEN THE COLLISION OCCURRED I WAS AT:**

LOCATION \_\_\_\_\_

**REGARDING THE MEDEX VEHICLE, CHECKING "YES" INDICATES THINGS I WITNESSED,  
AND CHECKING "NO" INDICATES THINGS I DID NOT WITNESS.**

YES \_\_\_ NO \_\_\_ I SAW THE MEDEX VEHICLE APPROACHING PRIOR TO THE COLLISION.

YES \_\_\_ NO \_\_\_ THE RED EMERGENCY WARNING LIGHTS WERE TURNED ON PRIOR TO  
THE COLLISION.

YES \_\_\_ NO \_\_\_ I HEARD THE SIREN PRIOR TO THE COLLISION.

SIGNATURE \_\_\_\_\_ DATE : \_\_\_ / \_\_\_ / \_\_\_

WITNESS TO SIGNATURE \_\_\_\_\_ DATE : \_\_\_ / \_\_\_ / \_\_\_

MEDICAL EXPRESS AMBULANCE SERVICE INC.

\*NON-INJURY STATEMENT\*

TO: WHOM IT MAY CONCERN

FROM: (YOUR NAME) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_

(CITY,STATE) \_\_\_\_\_

(PHONE #) \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING:

\_\_\_\_\_ I WAS A PEDESTRIAN

\_\_\_\_\_ I WAS AN OCCUPANT OF THE VEHICLE DESCRIBED AS:

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

THE VEHICLE WAS DRIVEN BY:

NAME \_\_\_\_\_ DRIVER LICENSE \_\_\_\_\_

ADDRESS \_\_\_\_\_

I WAS INVOLVED IN A COLLISION WITH AN MEDEX VEHICLE:

LICENSE PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

LOCATION OF COLLISION \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME \_\_\_\_ : \_\_\_\_ AM/PM

I FURTHER STATE THAT I WAS NOT INJURED IN ANY WAY, NOR DID I SUFFER ANY PERSONAL LOSS OF ANY KIND, AS A RESULT OF THIS COLLISION.

I HAVE READ, FULLY UNDERSTAND, AND STATE THAT I HAVE SIGNED THIS NON-INJURY STATEMENT AND IT IS TRUE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_