Reportable Incident Form

This form must be completed for any serious injury, illness or death of an EMS provider, patient or other individual in accordance with Part 800.21(q) and 800.21(r). The completed form must be submitted to the New York State Department of Health's Bureau of Emergency Medical Services within 5 business days for every incident.

Name of EMS Service _____ NYS EMS Agency Code _____

Address _____

City _____ State _____ ZIP _____ County _____

Name of Contact Person and Title _____

Business Phone (_____) _____ Other Phone (_____) _____

FORM DIRECTIONS

Only complete and return sections that pertain to the incident being reported.

1. Please attach copies of any agency specific Incident Reports.
2. If the type of injury, illness, or any other necessary information is not listed, Section 6 on page 6 must be completed. **If multiple pages are necessary, this page can be photocopied.**
3. Section 1 is for general information relating to the incident only and must be completed for all reporting. Only complete items in this section that pertain to the incident. Example: If no vehicle involved, do not complete that part.
4. Section 2 must be completed if an EMS crew member is injured or otherwise meets the reporting criteria.
5. Section 3 must be completed if a patient is injured or otherwise meets the reporting criteria.
6. Section 4 must be completed if another emergency responder (outside of your agency) or civilian is injured or otherwise meets the reporting criteria.
7. Section 5 must be completed if one or more vehicles were involved in the incident.
8. Section 6 must be completed **only** if additional documentation is necessary to describe this incident. Photocopies of this sheet can be utilized for additional documentation.
9. Supplemental Page 1 is **only** to be used to document additional EMS crew members injured or otherwise meets the reporting criteria.
10. Supplemental Page 2 is **only** to be used to document additional patients injured or otherwise meet the reporting criteria.
11. Supplemental Page 3 is **only** to be used if additional emergency responders (other than your crew), or civilians are injured or otherwise meet the reporting criteria.
12. Supplemental Page 4 is to be used **as necessary** to document additional vehicles involved with this incident.

This form does not replace any incident reporting forms required by a regional council, state or federal laws and regulation, and/or insurance policies.

SECTION 1 General Incident Information

Date of Incident _____ **Time** *(24 Hour)* _____ **Day of Week** _____

Your Agency Type *(Check only one.)*

☐ Commercial ☐ College ☐ Fire Department ☐ Independent
☐ Industrial ☐ Not-for-Profit ☐ Municipal ☐ Hospital

Type of Incident

☐ Illness ☐ Injury ☐ Injury During Response/Scene Operations ☐ Injury During Training Operations
☐ Other _____

Location

☐ Roadway ☐ Residence ☐ Commercial Site
☐ Other _____

Agency Status at Time of Incident

☐ Available ☐ On Scene ☐ Parked (Staffed)
☐ Responding ☐ En-route to Hospital ☐ Parked (Unstaffed)

Weather Conditions at the Time of the Incident *(Check all that apply.)*

☐ Daylight ☐ Night ☐ Dawn/Dusk
☐ Clear ☐ Fog ☐ Rain ☐ Snow ☐ Ice
☐ Other _____

Motor Vehicle Involved ☐ Yes ☐ No

EMS Vehicle Involved: ☐ Ambulance ☐ ALS-FR ☐ EASV ☐ Other _____
Other Vehicle Involved: ☐ Car ☐ Truck ☐ Other _____
☐ Backing ☐ Head-On ☐ Sideswipe ☐ Parked ☐ Vehicle/Pedestrian ☐ Vehicle/Responder

Law Enforcement Response ☐ Yes ☐ No

If Incident Occurred During Response, What Was the Patient Condition Based on Dispatch Information?

☐ Minor ☐ Moderate ☐ Serious ☐ Critical

If Roadway Number of Lanes _____ *(All lanes. If road is bidirectional, count lanes for both directions.)*

☐ Intersection ☐ Paved ☐ Unpaved ☐ Traffic Control Device
☐ Private ☐ Local ☐ State ☐ Interstate

Road Conditions

☐ Dry ☐ Wet ☐ Ice ☐ Snow
☐ Other _____

Contributing Factors

☐ Mechanical Failure ☐ Drug/Alcohol Impaired (EMS Provider)
☐ Broken Traffic Control Device ☐ Drug/Alcohol Impaired (Other Party)
☐ Other _____

Number of Persons Involved ___ EMS Crew Member ___ Patient ___ Other Emergency Service ___ Civilian

Number of Persons Injured ___ EMS Crew Member ___ Patient ___ Other Emergency Service ___ Civilian

SECTION 2 Injured EMS Crew Member Information

Complete this section for each injured EMS crew member. If more than one EMS crew member, use Supplemental Page 1.

Age _____ ☐ **Male** ☐ **Female**

☐ CFR ☐ EMT CC ☐ Driver/Helper
☐ EMT ☐ EMT P ☐ Volunteer
☐ EMT I ☐ EMS Supervisor ☐ Paid

☐ **Vehicle Operator**

☐ EVOC/CEVO Trained (Year _____)
☐ Restrained ☐ Working Outside Environment
☐ Unrestrained ☐ Working Inside Building (Non-vehicle)

☐ **Vehicle Occupant**

☐ Restrained ☐ Working Outside Environment
☐ Unrestrained ☐ Working Inside Building (Non-vehicle)

Mechanism of Injury

☐ Animal Bite
☐ Assault
  ☐ No Weapon
  ☐ With Weapon (Type _____)
☐ Carrying Equipment
☐ Moving Patient
  ☐ Transfer Onto/Off Stretcher
  ☐ During Stretcher Transport
☐ Electrical Injury
☐ Explosion
☐ Fire
☐ Hazardous Materials Exposure
  (Specify Product _____)
☐ Lifting/Bending
☐ Needle Stick
☐ Pedestrian Struck
☐ Slip/Fall
☐ Structural Collapse
☐ Toxic Inhalation
☐ Other _____

Injury/Illness Description

☐ Respiratory ☐ Death ☐ Head Injury ☐ Exposure
☐ Cardiac ☐ Fracture/Dislocation ☐ Spinal Injury ☐ Heat
☐ Cardiac Arrest ☐ Laceration ☐ Sprain/Strain ☐ Cold
☐ Stroke ☐ Burn ☐ Trauma Penetrating ☐ Exposure Hazmat
☐ Seizure ☐ Amputation

Specify Body Part Affected

☐ Head ☐ Back ☐ Leg (☐ Left / ☐ Right)
☐ Neck ☐ Abdomen ☐ Hand (☐ Left / ☐ Right)
☐ Chest ☐ Arm (☐ Left / ☐ Right) ☐ Foot (☐ Left / ☐ Right)
☐ Internal Organ/System _____

Disposition: Admission

☐ Emergency Department Only ☐ Critical Care Admission ☐ Personal Physician
☐ Hospital General Admission ☐ Deceased ☐ None ☐ Time Lost _____ (Days)

SECTION 3 Patient Information

If more than one patient, use Supplemental Page 2.

Age _____ ☐ **Male** ☐ **Female**

Pre-event Condition ☐ Stable ☐ Unstable ☐ Critical

Post Event Injury Condition ☐ Stable ☐ Unstable ☐ Critical

Injury/Illness Description

☐ Respiratory ☐ Death ☐ Head Injury ☐ Exposure
☐ Cardiac ☐ Fracture/Dislocation ☐ Spinal Injury ☐ Heat
☐ Cardiac Arrest ☐ Laceration ☐ Sprain/Strain ☐ Cold
☐ Stroke ☐ Burn ☐ Trauma Penetrating ☐ Exposure Hazmat
☐ Seizure ☐ Amputation ☐ Possible Cause _____

Specify Body Part Affected

☐ Head ☐ Back ☐ Leg (☐ Left / ☐ Right)
☐ Neck ☐ Abdomen ☐ Hand (☐ Left / ☐ Right)
☐ Chest ☐ Arm (☐ Left / ☐ Right) ☐ Foot (☐ Left / ☐ Right)
☐ Internal Organ/System _____

Disposition: Admission

☐ Emergency Department Only ☐ Critical Care Admission ☐ Personal Physician
☐ Hospital General Admission ☐ Deceased ☐ None ☐ Time Lost _____ (Days)

SECTION 4 Other Emergency Service Personnel (Firefighter, Police) or Civilian Information

If more than one other emergency service personnel or civilian, use Supplemental Page 3.

Age _____ ☐ **Male** ☐ **Female**

Injury/Illness Description

☐ Respiratory ☐ Death ☐ Head Injury ☐ Exposure
☐ Cardiac ☐ Fracture/Dislocation ☐ Spinal Injury ☐ Heat
☐ Cardiac Arrest ☐ Laceration ☐ Sprain/Strain ☐ Cold
☐ Stroke ☐ Burn ☐ Trauma Penetrating ☐ Exposure Hazmat
☐ Seizure ☐ Amputation

Specify Body Part Affected

☐ Head ☐ Back ☐ Leg (☐ Left / ☐ Right)
☐ Neck ☐ Abdomen ☐ Hand (☐ Left / ☐ Right)
☐ Chest ☐ Arm (☐ Left / ☐ Right) ☐ Foot (☐ Left / ☐ Right)
☐ Internal Organ/System _____

Disposition: Admission

☐ Emergency Department Only ☐ Critical Care Admission ☐ Personal Physician
☐ Hospital General Admission ☐ Deceased ☐ None ☐ Time Lost _____ (Days)

SECTION 5 Vehicle Information

Vehicle #1 (Ambulance) Information

Type of Vehicle

☐ Type I ☐ Type III ☐ Sedan
☐ Type II ☐ SUV ☐ EASV
☐ Other _____

Amount of Damage

☐ Minor ☐ Severe ☐ Entrapment
☐ Moderate ☐ Personal Injury ☐ Airbag Deployment
Vehicle Make _____ Vehicle Year _____ License Plate Number _____
Insurance Code _____ Last Maintenance Date _____
Emergency Lights at Time of Collision? ☐ Yes ☐ No Siren at Time of Collision? ☐ Yes ☐ No

Ambulance Operator

Driver's Name _____ NYS EMT Number _____
Age _____ ☐ Male ☐ Female Hours on Duty _____
☐ CFR ☐ EMT CC ☐ Driver/Helper
☐ EMT ☐ EMT P ☐ Volunteer
☐ EMT I ☐ EMS Supervisor ☐ Paid

Reported to Duty From *(Rested equals 8 hours of sleep.)*

☐ Home Rested ☐ Other Work Location Rested
☐ Home Unrested ☐ Other Work Location Unrested

Investigating Agency/Precinct

☐ State Police ☐ Local Police Department
☐ Sheriff ☐ Other _____
Law Enforcement Name, Barracks or Precinct _____
Report Number _____ Total Accident Damage Estimate ($) _____

Vehicle #2 Information

If more than one vehicle, use Supplemental Page 4.

Type of Vehicle

☐ Sedan ☐ Truck (Semi) ☐ Other _____
☐ SUV ☐ Truck (Straight) ☐ Other Emergency Vehicle _____
☐ Pickup

Amount of Damage

☐ Minor ☐ Severe ☐ Entrapment
☐ Moderate ☐ Personal Injury ☐ Airbag Deployment

SECTION 6 Description of Events Leading to Injury or Illness

SUPPLEMENTAL PAGE 1 — Additional Injured EMS Crew Member Information

This page is intended to be used for documenting additional injured EMS crew members. Photocopy as necessary.

Age _____ ☐ **Male** ☐ **Female**

☐ CFR ☐ EMT CC ☐ Driver/Helper
☐ EMT ☐ EMT P ☐ Volunteer
☐ EMT I ☐ EMS Supervisor ☐ Paid

☐ **Vehicle Operator**

☐ EVOC/CEVO Trained (Year _____)
☐ Restrained ☐ Working Outside Environment
☐ Unrestrained ☐ Working Inside Building (Non-vehicle)

☐ **Vehicle Occupant**

☐ Restrained ☐ Working Outside Environment
☐ Unrestrained ☐ Working Inside Building (Non-vehicle)

Mechanism of Injury

☐ Animal Bite
☐ Assault
  ☐ No Weapon
  ☐ With Weapon (Type _____)
☐ Carrying Equipment
☐ Moving Patient
  ☐ Transfer Onto/Off Stretcher
  ☐ During Stretcher Transport
☐ Electrical Injury
☐ Explosion
☐ Fire
☐ Hazardous Materials Exposure
  (Specify Product _____)
☐ Lifting/Bending
☐ Needle Stick
☐ Pedestrian Struck
☐ Slip/Fall
☐ Structural Collapse
☐ Toxic Inhalation
☐ Other _____

Injury/Illness Description

☐ Respiratory ☐ Death ☐ Head Injury ☐ Exposure
☐ Cardiac ☐ Fracture/Dislocation ☐ Spinal Injury ☐ Heat
☐ Cardiac Arrest ☐ Laceration ☐ Sprain/Strain ☐ Cold
☐ Stroke ☐ Burn ☐ Trauma Penetrating ☐ Exposure Hazmat
☐ Seizure ☐ Amputation

Specify Body Part Affected

☐ Head ☐ Back ☐ Leg (☐ Left / ☐ Right)
☐ Neck ☐ Abdomen ☐ Hand (☐ Left / ☐ Right)
☐ Chest ☐ Arm (☐ Left / ☐ Right) ☐ Foot (☐ Left / ☐ Right)
☐ Internal Organ/System _____

Disposition: Admission

☐ Emergency Department Only ☐ Critical Care Admission ☐ Personal Physician
☐ Hospital General Admission ☐ Deceased ☐ None ☐ Time Lost _____ (Days)

SUPPLEMENTAL PAGE 2 — Additional Patient Information

This page is intended to be used for documenting additional patients. Photocopy as necessary.

Patient #2 Information

Age _____ ☐ **Male** ☐ **Female**

Pre-event Condition ☐ Stable ☐ Unstable ☐ Critical

Post Event Injury Condition ☐ Stable ☐ Unstable ☐ Critical

Injury/Illness Description

☐ Respiratory	☐ Death	☐ Head Injury	☐ Exposure
☐ Cardiac	☐ Fracture/Dislocation	☐ Spinal Injury	☐ Heat
☐ Cardiac Arrest	☐ Laceration	☐ Sprain/Strain	☐ Cold
☐ Stroke	☐ Burn	☐ Trauma Penetrating	☐ Exposure Hazmat
☐ Seizure	☐ Amputation	☐ Possible Cause _____	

Specify Body Part Affected

☐ Head	☐ Back	☐ Leg (☐ Left / ☐ Right)
☐ Neck	☐ Abdomen	☐ Hand (☐ Left / ☐ Right)
☐ Chest	☐ Arm (☐ Left / ☐ Right)	☐ Foot (☐ Left / ☐ Right)

☐ Internal Organ/System _____

Disposition: Admission

☐ Emergency Department Only	☐ Critical Care Admission	☐ Personal Physician	
☐ Hospital General Admission	☐ Deceased	☐ None	☐ Time Lost _____ (Days)

Patient #3 Information

Age _____ ☐ **Male** ☐ **Female**

Pre-event Condition ☐ Stable ☐ Unstable ☐ Critical

Post Event Injury Condition ☐ Stable ☐ Unstable ☐ Critical

Injury/Illness Description

☐ Respiratory	☐ Death	☐ Head Injury	☐ Exposure
☐ Cardiac	☐ Fracture/Dislocation	☐ Spinal Injury	☐ Heat
☐ Cardiac Arrest	☐ Laceration	☐ Sprain/Strain	☐ Cold
☐ Stroke	☐ Burn	☐ Trauma Penetrating	☐ Exposure Hazmat
☐ Seizure	☐ Amputation	☐ Possible Cause _____	

Specify Body Part Affected

☐ Head	☐ Back	☐ Leg (☐ Left / ☐ Right)
☐ Neck	☐ Abdomen	☐ Hand (☐ Left / ☐ Right)
☐ Chest	☐ Arm (☐ Left / ☐ Right)	☐ Foot (☐ Left / ☐ Right)

☐ Internal Organ/System _____

Disposition: Admission

☐ Emergency Department Only	☐ Critical Care Admission	☐ Personal Physician	
☐ Hospital General Admission	☐ Deceased	☐ None	☐ Time Lost _____ (Days)

SUPPLEMENTAL PAGE 3 — Additional Other Emergency Service Personnel or Civilian Information

This page is intended to be used for documenting additional personnel or civilians. Photocopy as necessary.

Other Emergency Service Personnel or Civilian #2 Information

Age _____ ☐ **Male** ☐ **Female**

Injury/Illness Description

☐ Respiratory	☐ Death	☐ Head Injury	☐ Exposure
☐ Cardiac	☐ Fracture/Dislocation	☐ Spinal Injury	☐ Heat
☐ Cardiac Arrest	☐ Laceration	☐ Sprain/Strain	☐ Cold
☐ Stroke	☐ Burn	☐ Trauma Penetrating	☐ Exposure Hazmat
☐ Seizure	☐ Amputation		

Specify Body Part Affected

☐ Head	☐ Back	☐ Leg (☐ Left / ☐ Right)
☐ Neck	☐ Abdomen	☐ Hand (☐ Left / ☐ Right)
☐ Chest	☐ Arm (☐ Left / ☐ Right)	☐ Foot (☐ Left / ☐ Right)

☐ Internal Organ/System _____

Disposition: Admission

☐ Emergency Department Only	☐ Critical Care Admission	☐ Personal Physician	
☐ Hospital General Admission	☐ Deceased	☐ None	☐ Time Lost _____ (Days)

Other Emergency Service Personnel or Civilian #3 Information

Age _____ ☐ **Male** ☐ **Female**

Injury/Illness Description

☐ Respiratory	☐ Death	☐ Head Injury	☐ Exposure
☐ Cardiac	☐ Fracture/Dislocation	☐ Spinal Injury	☐ Heat
☐ Cardiac Arrest	☐ Laceration	☐ Sprain/Strain	☐ Cold
☐ Stroke	☐ Burn	☐ Trauma Penetrating	☐ Exposure Hazmat
☐ Seizure	☐ Amputation		

Specify Body Part Affected

☐ Head	☐ Back	☐ Leg (☐ Left / ☐ Right)
☐ Neck	☐ Abdomen	☐ Hand (☐ Left / ☐ Right)
☐ Chest	☐ Arm (☐ Left / ☐ Right)	☐ Foot (☐ Left / ☐ Right)

☐ Internal Organ/System _____

Disposition: Admission

☐ Emergency Department Only	☐ Critical Care Admission	☐ Personal Physician	
☐ Hospital General Admission	☐ Deceased	☐ None	☐ Time Lost _____ (Days)

SUPPLEMENTAL PAGE 4 — Additional Vehicle Information

This page is intended to be used for documenting additional vehicles involved. Photocopy as necessary.

Vehicle #3 Information

Type of Vehicle

- ☐ Sedan
- ☐ SUV
- ☐ Pickup
- ☐ Truck (Semi)
- ☐ Truck (Straight)
- ☐ Other_____
- ☐ Other Emergency Vehicle _____

Amount of Damage

- ☐ Minor
- ☐ Moderate
- ☐ Severe
- ☐ Personal Injury
- ☐ Entrapment
- ☐ Airbag Deployment

Vehicle #4 Information

Type of Vehicle

- ☐ Sedan
- ☐ SUV
- ☐ Pickup
- ☐ Truck (Semi)
- ☐ Truck (Straight)
- ☐ Other_____
- ☐ Other Emergency Vehicle _____

Amount of Damage

- ☐ Minor
- ☐ Moderate
- ☐ Severe
- ☐ Personal Injury
- ☐ Entrapment
- ☐ Airbag Deployment

Vehicle #5 Information

Type of Vehicle

- ☐ Sedan
- ☐ SUV
- ☐ Pickup
- ☐ Truck (Semi)
- ☐ Truck (Straight)
- ☐ Other_____
- ☐ Other Emergency Vehicle _____

Amount of Damage

- ☐ Minor
- ☐ Moderate
- ☐ Severe
- ☐ Personal Injury
- ☐ Entrapment
- ☐ Airbag Deployment