

IV-Description	<i>Description of the Event:</i> <hr/> <hr/> <hr/> <p style="text-align: center;"><i>The following injury reports must be completed for all EMS personnel and others injured.</i></p>						
	Injury A						
V. Injury Information	EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Injury Severity: <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Injury Related To: <input type="checkbox"/> MVA <input type="checkbox"/> Fall <input type="checkbox"/> Needle stick <input type="checkbox"/> Lifting Patient <input type="checkbox"/> Ordinary Lifting	<input type="checkbox"/> Pedestrian Struck <input type="checkbox"/> Body Fluid Exp. <input type="checkbox"/> Hazardous Mat. <input type="checkbox"/> Assault <input type="checkbox"/> Other	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	*Position in Vehicle if MVA: Enter # _____
	Injury B						
	EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Injury Severity: <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Injury Related To: <input type="checkbox"/> MVA <input type="checkbox"/> Fall <input type="checkbox"/> Needle stick <input type="checkbox"/> Patient Lifting <input type="checkbox"/> Ordinary Lifting	<input type="checkbox"/> Pedestrian Struck <input type="checkbox"/> Body Fluid Exp. <input type="checkbox"/> Hazardous Mat. <input type="checkbox"/> Assault <input type="checkbox"/> Other	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	*Position in Vehicle if MVA: Enter # _____
	Injury C						
EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Injury Severity: <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	Injury Related To: <input type="checkbox"/> MVA <input type="checkbox"/> Fall <input type="checkbox"/> Needle stick <input type="checkbox"/> Patient Lifting <input type="checkbox"/> Ordinary Lifting	<input type="checkbox"/> Pedestrian Struck <input type="checkbox"/> Body Fluid Exp. <input type="checkbox"/> Hazardous Mat. <input type="checkbox"/> Assault <input type="checkbox"/> Other	Ejected <input type="checkbox"/> Yes <input type="checkbox"/> No	*Position in Vehicle if MVA: Enter # _____	
Vi. Police Report Information	Did Police Investigate This Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No			Police Report Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If Police Report Was Filed and Copy Not Attached, Complete the Following:						
	Investigating Police Agency:						
	Address:						
	City:		State:		Zip:		
Citations Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No			Issued To: <input type="checkbox"/> EMS Driver <input type="checkbox"/> Other Driver				
Vii. Sign	I believe the information provided above to be accurate and correct:						
	Sign: _____ Title: _____ Date: _____						

***Vehicle Position Identification Information:**

1= Driver's seat	6=Captain's chair	11=Other
2=Front seat passenger	7=Squad bench/seat	
3=Squad bench seated	8=Driver's side	
4=Squad bench supine (patient)	9=Litter	
5=Backseat, squad unit	10=Standing, patient compartment	

Use additional sheets as necessary if more than three injured individuals.