

Union Vale Fire District

AMBULANCE ACCIDENT REPORT

Date of Accident	UVFD Run Number
Time of Accident	Location of Accident

Driver Information

Name	Street Address	
City/State/Zip Code		
Driver License Number /Expiry Date	Issuing State	Class

B. Ambulance

FLEET Unit Number	License Plate Number	License Expiry Date
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Police Report Information

Police Agency Taking Report.	Officer Name	Date Report Taken	
Officer Badge / ID Number	Ticket Issued?	To Whom?	Violation

Other Ambulance Occupants – Total Number of Occupants: ____ (not including driver)
 (please attach a separate sheet if more than one occupant was involved)

Occupant #1

Name	Address		
Day Phone	Evening Phone	Fax	E-mail

Other Vehicles and Drivers (if any) – Total Number of Vehicles Involved: ____ (including ambulance)

Vehicle #1 (please attach a separate sheet if more than two vehicles were involved)

License Plate Number	Province/State of Plate	License Expiry Date	
IName of Insurance Company	IPolicy Number	IName of Agent and Address	
Make (Year and Make)		Model (Body Type: Sedan, Mini Van, etc.)	
Driver's Name	Driver's License Number	Driver's License Expiry Date	
Address			
Day Phone	Evening Phone	Fax	E-mail
Vehicle Owner's Name (if not Driver)		Address	
Day Phone	Evening Phone	Fax	E-mail

The Accident

Date	Time (AM/PM)	Location	Light Conditions (Dawn, Day, Dusk, Dark)
Weather at Time of Accident		Type of Road Surface	Road Condition
Name of Witnesses (other than occupants)		Witness Phone	Witness Address
Witness # 2		Witness Phone	Witness Address
Witness #3		Witness Phone	Witness Address
Direction of Ambulance	On What Road?	What Side of Road?	Speed
Direction of Other Vehicle	On What Road?	What Side of Road?	Speed
What Traffic Signals Were Present?			
Did you Give A Warning Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Kind?	Which Lights Did You Have On (if any)?
Did the Other Driver Give A Warning Signal? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Kind?	Did the Other Driver Have their Headlights On? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Rescue Squad Officer Notified		Date Notified	Was Rescue Squad Officer At Scene?
Ambulance Towed?		By whom?	Location Ambulance Towed To

G. Injuries and Damage *(please attach a separate sheet if you require more room.)*

Nature of Damage to other Vehicles
Nature of Injuries to Drivers or Occupants
Nature of Damage to Ambulance

H. Driver's Detailed Description of How Accident, Loss or Mechanical Damage Occurred

Driver Signature	Date
Report Received By	Date

If helpful, illustrate the accident below. Be sure to note:

- The name of all streets,
- Course of all cars involved, and
- Position of vehicles at instant of accident.

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