



The following information is required to be reported under N.D.A.C 33-11-01.2-10. The information submitted will be used for data collection purposes so that we may determine future needs of EMS in North Dakota. This information must be reported within thirty days of incident that involves personal injury or property damage of more than one thousand dollars.

Please complete this report and submit it to the North Dakota Department of Health when there has been an ambulance collision resulting in over \$1,000 in damage.

Incident Date:		Ambulance Service:			
Time of day incident occurred:		AM PM	Approximate speed of ambulance at time of collision:		
Location of incident:					
Estimated damage to ambulance vehicle:		Did the incident cause personal injury?		Was a patient being transported?	
		Yes	No	Yes	No
Did injury cause hospitalization of ambulance personnel?				Were there fatalities resulting from the incident?	
Yes		No		Yes	No
Considering ambulance vehicle damage, personal injury, or death, did the incident result in more than \$1,000 in damage?					
Yes		No			
Patient condition at the time of the collision?			Patient condition after the collision?		
Critical	Stable	Minor	Critical	Stable	Minor
					Dead
Road conditions:					
Wet	Dry	Ice-Covered	Snow-covered	Loose Gravel	Construction
Poor Visibility	Fog	Other			
Was the collision with another vehicle?		Did the collision occur at an intersection?		Number of vehicles involved (including ambulance):	
Yes	No	Yes	No		
Did the collision occur while the ambulance was on a call?				Warning devices in use:	
Yes		No		Red Lights	Siren
Did the collision involve wildlife or livestock?				Is the ambulance service able to remain in service?	
Yes		No		Yes	No
Brief description of the incident:					
Driver's Name:			Unit Number:		
Driver's Email:			Driver's Cell Phone Number:		

For questions, call our office at 701-328-2388 or e-mail us at [dems@nd.gov](mailto:dems@nd.gov) or visit our website at [www.health.nd.gov](http://www.health.nd.gov).