



**CITY OF TEXAS CITY
Private Ambulance Incident Reporting**

To be completed by the Ambulance Service the day of the incident and given to TCFD Permit Officer for processing. The completed form must be received by the TCFD Permit Officer within 24 hours of incident. Involved personnel shall be subject to a drug and alcohol screening at the time of the accident in accordance with Private Ambulance Service policy and city ordinance.

CHECK ONE

- A nonemergency transfer became an emergency situation suddenly and without warning.
- A death occurred during the course of a nonemergency transfer.
- A permitted vehicle became involved in a traffic accident.

Ambulance Service: _____ Vehicle Permit No. _____ Vehicle License No. _____	Date of Incident: _____ Time: _____ AM PM Location where incident occurred: _____
Operator's Name: _____ Operator's Address: _____ Operator's License No. _____	Attendant's Name: _____ Attendant's Address: _____ Attendant's License No: _____
Immediate Supervisor's Name: _____	
Did the incident occur in the course of doing your regular job? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was safety equipment being used: Yes <input type="checkbox"/> No <input type="checkbox"/> Was Anyone injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, identify: _____	
Did Police Investigate the accident? Yes <input type="checkbox"/> No <input type="checkbox"/> Were any citations issued: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, to whom: _____	

Complete a diagram showing direction, name of streets, & position of automobiles, equipment, or property involved. Ambulance must be marked No. 1 and other Vehicle No. 2. If more than two vehicles were involved, mark the vehicle No. 3. Designate clearly point of contact.

