

COSHOCTON COUNTY EMS
Accident Report

Date _____ Time _____ Request # _____
Vehicle # _____
Traveling From _____ Traveling To _____
Location of Accident _____

Direction of Travel _____
Weather Conditions _____
Visibility _____ Road Surface _____
Lights & Sirens? _____
CCEMS Members: _____

Other Persons involved in accident, contact information, driver's license number and insurance information:

Is the driver the owner of the car? _____
Vehicle Type: _____ Make: _____
Color: _____ License Plate # _____ State _____
Vehicle Type: _____ Make: _____
Color: _____ License Plate # _____ State _____

Agencies Notified/Present at Scene (Unit numbers, Badge numbers, names of personnel, how to obtain a copy of the police report)

Person Filing Police Report _____
Narrative Description of Accident _____

