



County of Orange, Health Care Agency
Regulatory/Medical Health Services



Ambulance Vehicle Collision Notification

Ambulance Provider:

Collision Date:

Collision Time:

Collision Location:

Ambulance Crew Member(s) Involved:

Ambulance Crew Injured: -Select One-

Patient Being Transported Injured: -Select One-

ePCR Incident Number(s) For All Transported Patients:

Description of Incident: