



## Emergency Responder Safety Institute Struck-by Reporting Form

**ALL STRUCK BY INCIDENT REPORTS MUST BE MADE USING THE ONLINE FORM AT  
REPORTSTRUCKBY.COM  
THIS PAPER COPY OF THE FORM IS ONLY FOR DISPATCHERS WHO REQUEST IT SO THEY  
CAN RECORD INFORMATION FOR LATER DATA ENTRY INTO THE ONLINE FORM.**

The Emergency Responder Safety Institute (ERSI), a committee of the Cumberland Valley Volunteer Firemen's Association (CVVFA), has worked for years to improve the safety of those who respond to incidents on America's roadways. Continuing to be proactive in this effort, CVVFA/ERSI has again worked to develop a better document and analyze how and where our country's first responders are being struck, injured, and killed. This will be accomplished through this enhanced platform and capability to solicit and collect struck by incident information from voluntary reporters and significantly upgrading its data collection functionality and depth.

It typically takes 3-4 minutes to complete this reporting form. There are twelve very brief sections. All questions are optional. Please provide as much information as you can. If you do not know the answer to a question, skip it. If you have a problem with or a question about the form, please [contact us](https://www.respondersafety.com/about-us/contact-us/) at <https://www.respondersafety.com/about-us/contact-us/>

This form is to be used to collect data on an incident for submission on ReportStruckBy.com

### **1. Incident Time & Date (please estimate if exact time is not known)**

A. Hour \_\_\_\_\_ B. Minute \_\_\_\_\_ C. AM/PM \_\_\_\_\_

D. Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

E. Day of the Week:

\_\_\_\_\_ Monday

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

*Emergency Responder Safety Institute - Struck-by Reporting Form PAPER COPY FOR INFORMATIONAL PURPOSES ONLY. ALL*

*INFORMATION MUST BE ENTERED AT REPORTSTRUCKBY.COM*

*(VSN 3/31/2022)*



\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

\_\_\_\_\_ Saturday

\_\_\_\_\_ Sunday

**2. Incident Type**

**A. Incident Type (select all that apply)**

\_\_\_\_\_ Crash scene

\_\_\_\_\_ Debris removal

\_\_\_\_\_ Directing traffic

\_\_\_\_\_ Disabled vehicle

\_\_\_\_\_ EMS medical assist

\_\_\_\_\_ Fire scene

\_\_\_\_\_ Other law enforcement activity

\_\_\_\_\_ Stop sticks

\_\_\_\_\_ Traffic stop

\_\_\_\_\_ Work zone

\_\_\_\_\_ Other (describe) \_\_\_\_\_

**3. Incident Location**

A. U.S. State/Territory \_\_\_\_\_

B. City, Town, and/or County \_\_\_\_\_

C. Road Name or Identifier (e.g., street name, intersection crossroads, route number, interstate number, mile marker number)

\_\_\_\_\_

**4. Roadway Information**

A. Roadway Type (select all that apply)

- Interstate/Freeway/Turnpike/Parkway
- Divided highway
- Intersection
- Street
- Road
- Shoulder
- Ramp
- Other (describe) \_\_\_\_\_

B. On-Road Location (select all that apply)

- Bridge
- Elevated roadway
- Exit/entrance Ramp
- Intersection
- Median
- Overpass/Underpass
- Shoulder
- Travel lane
- Tunnel
- Turn lane
- Other (describe) \_\_\_\_\_

C. Weather at the time of the incident (select all that apply)

- Clear
- Dark or low light conditions

- Drizzle
- Flooding
- Frost
- Fog
- Hail
- Hurricane/Tropical Storm
- Ice
- Overcast
- Partly Cloudy
- Rain
- Sandstorm/Dust Storm
- Smoke condition or wildfire
- Sleet
- Sunny
- Snow/Blizzard
- Thunderstorm
- Tornado
- Wind
- Other (describe) \_\_\_\_\_

D. Sight Distance: Was sight distance impacted by a road feature such as a blind curve or steep grade?

- Yes
- No
- Unsure



**5. Incident Responding Agencies**

A. Which agencies were on scene when this struck by incident occurred? (select all that apply)

- Department of Transportation
- EMS (Emergency Medical Services)
- Fire or Fire Rescue
- Fire Police or Special Traffic Unit
- Law Enforcement
- Public Works
- Safety Service Patrol/Freeway Service Patrol/Incident Response Vehicle
- Towing/Recovery
- Other (describe) \_\_\_\_\_

**6. Incident Response Activities**

A. FIRE DEPARTMENT: Which fire department activities were in progress when this struck by incident occurred? (select all that apply)

- Entrapment/extrication
- HAZMAT response
- Medical emergency
- Patient care
- Vehicle fire
- Wildland or brush fire
- Other fire response

B. EMS: Which EMS activities were in progress when this struck by incident occurred?

- Medical emergency
- Patient care



- C. LAW ENFORCEMENT: Which law enforcement activities were in progress when this struck by incident occurred? (select all that apply)
- Disabled vehicle(s) or motorist/public assist
  - Medical emergency
  - Safety checkpoint
  - Spike strip or other vehicle stopping device deployment
  - Vehicle crash investigation
  - Vehicle stop
  - Other law enforcement activity
- D. FIRE POLICE OR TRAFFIC CONTROL: Which traffic control activities were in progress when this struck by incident occurred? (select all that apply)
- Setting up a traffic incident management area
  - Deployment of advance warning or a cone taper
  - Blocking
  - Manual traffic control
  - Road closure
  - Termination of the incident response
- E. SAFETY SERVICE PATROL (SSP) OR FREEWAY SERVICE PATROL (FSP): Which safety service patrol or freeway service patrol activities were in progress when this struck by incident occurred? (select all that apply)
- Deploying temporary traffic control devices
  - Directing traffic
  - Disable vehicle(s) or motorist/public assist
  - Removing debris
  - Retrieving temporary traffic control devices

*Emergency Responder Safety Institute - Struck-by Reporting Form PAPER COPY FOR INFORMATIONAL PURPOSES ONLY. ALL*

*INFORMATION MUST BE ENTERED AT [REPORTSTRUCKBY.COM](http://REPORTSTRUCKBY.COM)*

*(VSN 3/31/2022)*



\_\_\_\_\_ Other SSP or FSP activity

F. DEPARTMENT OF TRANSPORTATION (DOT) OR PUBLIC WORKS: Which DOT or public works activities were in progress when this struck by incident occurred? (select all that apply)

\_\_\_\_\_ Planned work zone

\_\_\_\_\_ Traffic control

\_\_\_\_\_ Other DOT activity

G. TOWING/RECOVERY/ROAD SERVICE TECHNICIAN: Which towing, recovery, or road service activities were in progress when this struck by incident occurred? (select all that apply)

\_\_\_\_\_ Disabled vehicle(s) or motorist/public assist

\_\_\_\_\_ Motor club call

\_\_\_\_\_ Private/Motorist assist call

\_\_\_\_\_ Public authority call

\_\_\_\_\_ Road service call

\_\_\_\_\_ Vehicle clearance

\_\_\_\_\_ Other towing/recovery/road service technician activity

H. ANY AGENCY: Which incident response activities from any agency were in progress when this struck by incident occurred? (select all that apply)

\_\_\_\_\_ Backing up an emergency vehicle

\_\_\_\_\_ Debris removal

\_\_\_\_\_ Natural disaster relief or assistance (e.g., wildland fire, flood, hurricane, tornado, earthquake)

\_\_\_\_\_ Vehicle crash response

*Emergency Responder Safety Institute - Struck-by Reporting Form PAPER COPY FOR INFORMATIONAL PURPOSES ONLY. ALL*

*INFORMATION MUST BE ENTERED AT [REPORTSTRUCKBY.COM](http://REPORTSTRUCKBY.COM)*

*(VSN 3/31/2022)*



**7. Type of vehicle that struck a person or an emergency vehicle in this incident**

A. If the striking vehicle was an emergency vehicle(s), indicate the type: (select all that apply)

- Fire department vehicle
- Fire Police or special traffic control unit
- Law enforcement vehicle
- Ambulance or EMS vehicle
- Towing, recovery, or road service technician vehicle
- Safety Service Patrol/Freeway Service Patrol vehicle
- Department of Transportation or public works vehicle
- Other transportation agency vehicle (e.g. Authority, Commission)
- Other (describe) \_\_\_\_\_

B. If the striking vehicle was a civilian vehicle(s), indicate the type: (select all that apply)

- Bus
- Motorcycle
- Passenger car
- Sport Utility Vehicle (SUV)
- Pick-up truck
- Single unit truck, commercial
- Tractor-trailer, commercial
- Other (describe) \_\_\_\_\_

**8. Persons Struck**

A. FATALITIES: HOW MANY OF EACH TYPE OF PERSONNEL WERE STRUCK AND KILLED IN THIS INCIDENT? (INDICATE NUMBER IN EACH CATEGORY; LEAVE BLANK IF ZERO)

- Fire or Fire Rescue
- Fire Police or Special Traffic Unit



- \_\_\_\_\_ EMS
- \_\_\_\_\_ Law Enforcement
- \_\_\_\_\_ Safety Service Patrol or Freeway Service Patrol
- \_\_\_\_\_ Department of Transportation
- \_\_\_\_\_ Public Works
- \_\_\_\_\_ Towing, Recovery, or Road Service Technician
- \_\_\_\_\_ Civilians
- \_\_\_\_\_ Other

B. INJURIES: HOW MANY OF EACH TYPE OF PERSONNEL WERE STRUCK AND INJURED IN THIS INCIDENT? (INDICATE NUMBER IN EACH CATEGORY; LEAVE BLANK IF ZERO)

- \_\_\_\_\_ Fire or Fire Rescue
- \_\_\_\_\_ Fire Police or Special Traffic Unit
- \_\_\_\_\_ EMS
- \_\_\_\_\_ Law Enforcement
- \_\_\_\_\_ Safety Service Patrol or Freeway Service Patrol
- \_\_\_\_\_ Department of Transportation
- \_\_\_\_\_ Public Works
- \_\_\_\_\_ Towing, Recovery, or Road Service Technician
- \_\_\_\_\_ Civilians
- \_\_\_\_\_ Other

C. OTHERS STRUCK: HOW MANY OF EACH TYPE OF PERSONNEL WERE STRUCK BUT NOT INJURED IN THIS INCIDENT? (INDICATE NUMBER IN EACH CATEGORY; LEAVE BLANK IF ZERO)

- \_\_\_\_\_ Fire or Fire Rescue
- \_\_\_\_\_ Fire Police or Special Traffic Unit



- \_\_\_\_\_ EMS
- \_\_\_\_\_ Law Enforcement
- \_\_\_\_\_ Safety Service Patrol or Freeway Service Patrol
- \_\_\_\_\_ Department of Transportation
- \_\_\_\_\_ Public Works
- \_\_\_\_\_ Towing, Recovery, or Road Service Technician
- \_\_\_\_\_ Civilians
- \_\_\_\_\_ Other

**9. Emergency Services Vehicle Damage**

A. Please indicate each type of emergency vehicle that was struck and damaged in this incident (select all that apply)

- \_\_\_\_\_ Fire department vehicle
- \_\_\_\_\_ Fire Police or Special Traffic Control Unit vehicle
- \_\_\_\_\_ Ambulance or EMS vehicle
- \_\_\_\_\_ Law enforcement vehicle other than a motorcycle
- \_\_\_\_\_ Police motorcycle
- \_\_\_\_\_ Safety Service Patrol/Freeway Service Patrol vehicle
- \_\_\_\_\_ Purpose-built blocking unit (any agency)
- \_\_\_\_\_ Department of Transportation or Public Works vehicle
- \_\_\_\_\_ Other transportation agency vehicle (e.g. (Authority, Commission)
- \_\_\_\_\_ Tow truck, recovery vehicle, or road service technician vehicle
- \_\_\_\_\_ Command vehicle (any agency)
- \_\_\_\_\_ No emergency vehicle was struck in this incident
- \_\_\_\_\_ Other (describe) \_\_\_\_\_

**10. Traffic Incident Management Information**

*Emergency Responder Safety Institute - Struck-by Reporting Form PAPER COPY FOR INFORMATIONAL PURPOSES ONLY. ALL*

*INFORMATION MUST BE ENTERED AT REPORTSTRUCKBY.COM*

*(VSN 3/31/2022)*

A. Were traffic control devices in place at the time of this incident?

\_\_\_\_\_ Yes (if yes, complete section B below)

\_\_\_\_\_ No

\_\_\_\_\_ Unsure

B. Which traffic control devices were in place at the time of this struck by incident? (select all that apply)

\_\_\_\_\_ Full traffic incident management area

\_\_\_\_\_ Traffic cones

\_\_\_\_\_ Flares

\_\_\_\_\_ Personnel directing traffic

\_\_\_\_\_ Blocking apparatus

\_\_\_\_\_ Arrow boards

\_\_\_\_\_ Advanced warning signage

\_\_\_\_\_ Electronic message board

\_\_\_\_\_ Other (describe) \_\_\_\_\_

### **11. High Visibility Apparel**

A. Were the emergency response personnel hit in this struck by incident wearing high visibility apparel?

\_\_\_\_\_ All of the personnel who were struck were wearing high visibility apparel

\_\_\_\_\_ Some of the personnel who were struck were wearing high visibility apparel

\_\_\_\_\_ None of the personnel who were struck were wearing high visibility apparel

\_\_\_\_\_ Unsure

### **12. Additional Information**



- A. Please enter any additional information that will help us understand what happened. If applicable, please provide a link to an online news story about this incident.

---

---

---

---

---

- B. Optional contact email address. If you are willing to be contacted by ResponderSafety.com to follow up on this report so we can better understand it, please provide your email address. Providing an email address is optional. Your report is anonymous unless you choose to provide an email address. Email addresses are used only to follow up on the report. Please see our privacy policy for more information. If you have any questions about reporting a struck by incident, please contact us at

<https://www.respondersafety.com/about-us/contact-us/>

---

- C. If you are willing to be contacted and have provided an email address, please check this box if you have pictures or other documentation can share.

\_\_\_\_\_ Yes, I have pictures and/or documentation I can share.

**THE INFORMATION RECORDED ON THIS PRINTED FORM MUST BE ENTERED INTO REPORTSTRUCKBY.COM TO BE REPORTED TO THE RESPONDERSAFETY.COM DATABASE.**