

## District Vehicle Accident Reporting Packet

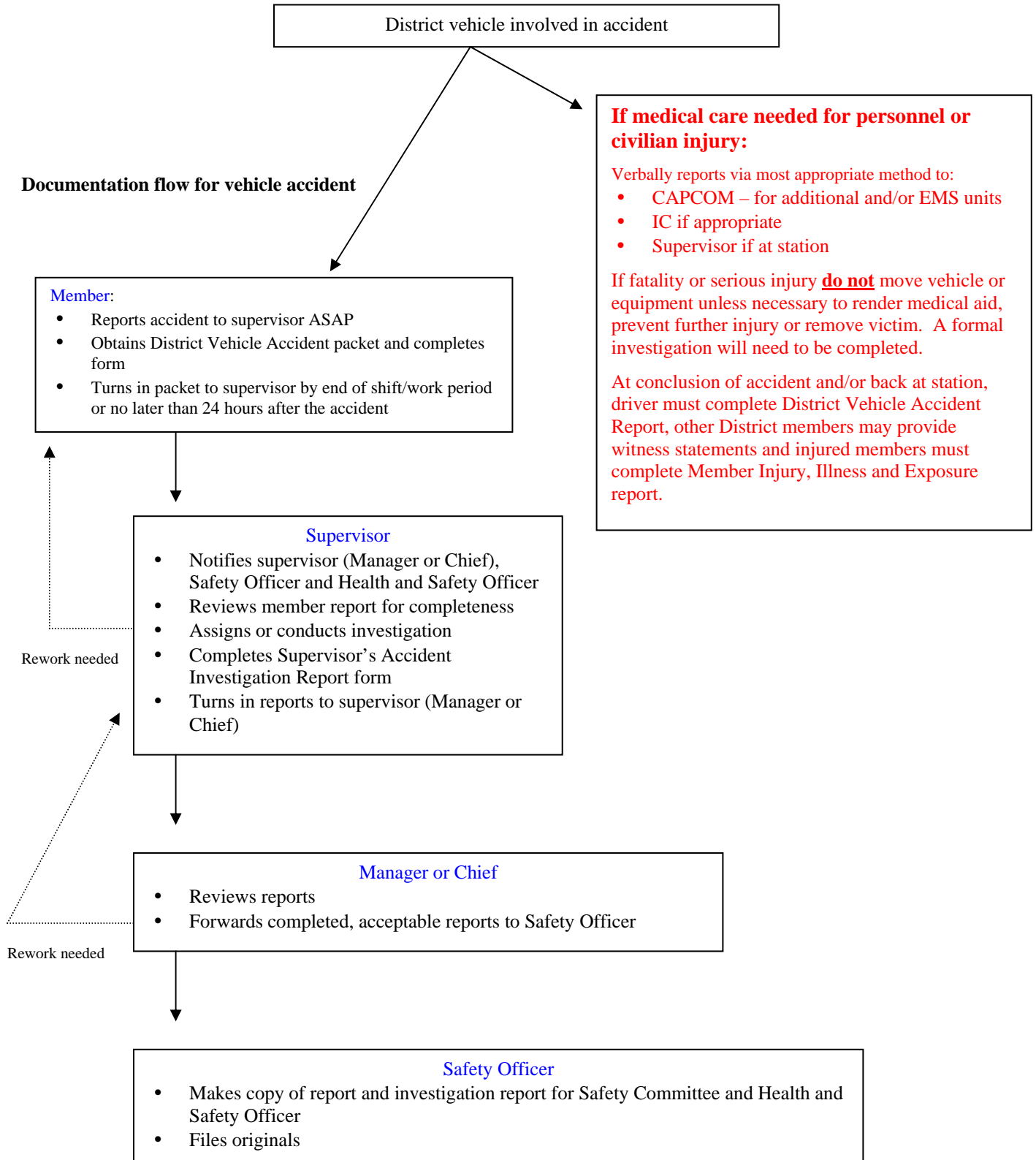
Contains:

- District Vehicle Accident Report form
- Supervisor's Accident Investigation Report form

Always resolve member and citizen medical care issues before completing District Vehicle Accident Reporting documentation

1. Report vehicle accidents to your supervisor ASAP
2. If you or any district member has sustained an injury, obtain the proper injury reporting packet and follow those instructions
3. Fill out District Vehicle Accident Report form
4. Turn in all forms and reports to your supervisor by the end of your shift/work period AND no later than 24 hours after the accident
5. Supervisors will:
  - Notify their supervisor, manager or Chief, Safety Officer and the Health and Safety Officer of the accident
  - Complete their portion of the report form and ensure member's portion is complete
  - Conduct the accident investigation or ensure that it is conducted
  - Complete the supervisor's accident investigation report form or ensure that it is completed by the investigating officer
  - Turn in reports to supervisor, manager or chief
6. Supervisors, Managers or the Chief will:
  - Review reports
  - Accept or return for additional work
  - Forward completed, accepted reports to Safety Officer
7. Safety Officer will:
  - Make copies for safety committee and Health and Safety Officer
  - File originals

# District Vehicle Accident Documentation Flowsheet



## District Vehicle Accident Report

|  |   |
|--|---|
| Report date:   | Emergency Response Incident #, if any:  |
| Member Name:   | Home address:   |
| Job title:   | # of years as District driver: <input type="checkbox"/> Less than 1 <input type="checkbox"/> 1-3 <input type="checkbox"/> >3 - <= 5 <input type="checkbox"/> 5+ |
| Date / time of accident:   | Location of accident:   |
| Was the accident investigated by law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, which agency? <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State |   |
| If yes, was a citation issued to you? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what was the citation number?  |   |
| Have you consumed alcohol in the last 8 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No    Were you sent for drug/alcohol testing after the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Vehicle/apparatus involved (by call number and type):  |   |
| What happened?    (use reverse side if necessary)  |   |
| Describe the damage to the vehicle(s) involved:  |   |
| At the time of the accident, as driver, I was: <input type="checkbox"/> Responding in emergency mode with lights and siren operating   |   |
| <input type="checkbox"/> Responding in emergency mode with lights operating <input type="checkbox"/> Responding in non-emergency mode <input type="checkbox"/> Stopped in traffic <input type="checkbox"/> In driver training    |   |
| <input type="checkbox"/> Vehicle in motion - not on response <input type="checkbox"/> Vehicle was parked and attended <input type="checkbox"/> Vehicle was parked and unattended   |   |
| At the time of the accident the following were in operation/on/working (check all that apply): <input type="checkbox"/> Headlights <input type="checkbox"/> Hazard lights (4 way)  |   |
| <input type="checkbox"/> Opticom activated, light captured <input type="checkbox"/> Opticom activated, light not captured <input type="checkbox"/> Opticom not activated or not applicable                                       |   |
| At the time of the event environmental conditions were (check all that apply): <input type="checkbox"/> Daylight <input type="checkbox"/> Low light or dark <input type="checkbox"/> Obscured vision (rain, fog, snow, etc.)     |   |
| <input type="checkbox"/> Hard surface road <input type="checkbox"/> Loose surface road <input type="checkbox"/> Road bare and dry <input type="checkbox"/> Road slick and/or icy <input type="checkbox"/> Congested traffic      |   |
| Other information:   |   |
|  |   |
| _____<br>Vehicle/apparatus driver printed name   | _____<br>Vehicle/apparatus driver signature   |

**End of member section.**

## District Vehicle Accident Report

| TO BE COMPLETED BY THE SUPERVISOR  |  |
|--|--|
| <input type="checkbox"/> Ensure member section of vehicle accident report complete.  |  |
| <input type="checkbox"/> Injury report form, if required, completed and attached   |  |
| <input type="checkbox"/> Pictures, video, etc included with investigation report   |  |
| <input type="checkbox"/> Law enforcement report, if any, obtained and attached/included with investigation report                      |  |
| <input type="checkbox"/> Complete Supervisor's Accident Investigation Report and attach – forward to supervisor (Manager, Chief, etc.) |  |
| Supervisor Signature (required)  |  |

| TO BE COMPLETED BY THE SAFETY OFFICER (Health and Safety Officer in District 3) |                       |
|---|-----------------------|
| Follow up needed:   | District case # _____ |
|   | SO Signature          |

For assistance in completing this form, contact the Health and Safety Officer (528-2341) or:

- District 2, 4 and 17 – Chief of Operations – 458-2799
- District 8 - Assistant Chief of Volunteer Services, 491 - 5320