

Hauser Lake Fire Protection District

Policy Statement Vehicle: Accident & Damage

Effective Date: 2/10/2020
Revised: 1/28/2020

Policy 020

- A. Purpose:** The purpose of this policy is to provide a process for investigating accidents/incidents.
- B. Policy:** It is the policy of the Hauser Lake Fire District to investigate accidents/incidents of the following nature:
- a. All apparatus and POV accidents (POVs while on H.L.F.D business). The Senior Officer available will determine the necessity of a full or condensed incident investigation. This decision is somewhat subjective but must err toward the conservative of a full investigation process. A condensed investigation is considered an exception to the rule.
 - b. Guidelines that will be considered in the decision process requiring a full investigation are:
 - i. Any damage to Hauser Lake Fire Protection District property.
 - ii. The member-driver receives a traffic citation.
 - iii. Injuries that require medical treatment.
 - iv. Any other accident at the discretion of the senior officer present.
- C. Responsibility of Driver:**
- a. The driver of the vehicle must provide a verbal report to the senior officer available as soon as possible.
 - b. If the incident occurs during a response, consideration must be given to completing the response such as requesting Mutual Aid, but it is not a requirement. Normal information exchange must occur between HLF personnel and the affected public or property owner.
 - c. Immediately after the incident (as soon as feasible), the driver of the HLF vehicle will be suspended from driving HLF apparatus and emergency equipment until such time as the accident receives a preliminary investigation and a decision is made to allow or disallow driving. The senior officer available usually performs this as long as he/she is not directly involved in the incident.
 - d. If the accident results in death, injury requiring medical treatment, any vehicle is disabled (towed away) and or damage to property having an estimated cost of \$500 or more the members involved will be sent for drug and alcohol testing as soon as possible.
 - e. The driver of the vehicle involved in the incident must complete a written report within twelve (12) hours of the incident, if able, and submit to the senior officer available.

D. Investigation

- a. If the senior officer available was involved, then the next most senior officer available will assume responsibility for the investigation and will contact the safety committee within 48 hours of the incident.
- b. A review by the Safety Committee will begin within 48 hours of the incident and will be concluded within 14 days (or what is reasonable) of the incident if possible.
- c. The Safety Committee will gather any and all information necessary to determine the cause(s) of the incident and to determine what measures are necessary to prevent similar occurrences in the future.
- d. Completed report will be forwarded to the employees' direct supervisor.

E. Accident Investigation

- a. All accident investigations will include separate interviews with the driver of the Fire District vehicle(s) and all crew members.
- b. The Investigation Officer should collect the following information if it is available, and forward it on to the Safety Committee.
 - i. Photographs of the accident.
 - ii. Police Report Number.
 - iii. Name and radio number of the investigating Police Officer.
 - iv. Names, addresses, and hospital of all parties.
 - v. HLF D Accident Form.
 - vi. Witness and other party statements
 - vii. Witnesses names, addresses and phone numbers.
 - viii. Drug Test results if preformed.
 - ix. Ask bystanders and other parties for any pictures they took of the accident.
- c. A written report summarizing the investigation and all associated materials will be given to the Safety Committee for their review.

F. Safety Committee Responsibilities

- a. The Safety Committee shall review all vehicle accidents involving Fire District apparatus and fleet vehicles. The Safety Committee may delegate the accident investigation to the appropriate Chief or other designated representative.
- b. The review report will detail the root cause(s) of the accident and include a corrective action plan that will help prevent similar occurrences in the future.
- c. The review report will include the accident report completed by the district representative, a written report by the safety committee which should include preventable, non-preventable and committee recommendations.

- d. The Safety Committee is responsible for gathering all information and completing the review report as outlined below.
 - i. Incident Details
 - ii. Reporting Details
 - iii. Past History
 - iv. Root Cause
 - v. Preventable or non-preventable
 - vi. Policy violation
 - vii. Recommendations

G. Final Report

- a. The final report will be maintained in the department accident file
- b. A copy will be placed in the individual's personnel file.
- c. Any pictures of the accident must be provided to the fire chief and NOT retained by any individuals and will be stored by the fire chief.

H. Reference Documents

- a. Drugs and Alcohol Policy
- b. Motor Vehicle Record Policy

Approved

Commissioner

Date: _____

APPENDIX FORM

Safety Office Only
 Prev. Non-Prev. N/A
 Appeal Board Sustained Reversed
 Control No.

ACCIDENT REPORT

DEPARTMENT NAME		DATE OF ACCIDENT			TIME OF ACCIDENT			TIME SHIFT CHG.		DATE OF REPORT		
		Mo.	Date	Year	Hour	A.M.	P.M.	A.M.	P.M.	Mo.	Date	Year
					<input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night							
Employee Last Name		First	Middle	Home Address			City/St/Zip		Driver License / State Issue		S.S.N.	
Birth Date ___/___/___		Date of Employment ___/___/___		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Employee Status <input type="checkbox"/> Regular <input type="checkbox"/> Part-Time Temp. <input type="checkbox"/> Other						
Mo. Date Year		Mo. Date Year										
Exact Location where Accident Occured.				Street Address				City		State /Zip		

Vehicle Description (Make / Model / Year)		License Tag#	Vehicle Restraint System	
Damage Description			Seat Belt	
			<input type="checkbox"/> Used <input type="checkbox"/> Not Available	
			<input type="checkbox"/> Not Applicable	
			<input type="checkbox"/> Available, But Not Used	

VEHICLE #2				VEHICLE #3			
Driver's Name _____				Driver's Name _____			
Address _____				Address _____			
Driver's License # _____		Telephone # _____		Driver's License # _____		Telephone # _____	
Registered Owner's Name _____				Registered Owner's Name _____			
Address _____				Address _____			
Vehicle Description _____		License Tag # _____		Vehicle Description _____		License Tag # _____	
Damage Description _____				Damage Description _____			
Insurance Company _____		Policy # _____		Insurance Company _____		Policy # _____	

INJURED PERSON(S)

Name _____	Injury _____	Telephone # _____
Name _____	Injury _____	Telephone # _____

DRIVING CONDITIONS						WHAT DRIVERS WERE DOING								
VEH. Road			VEH. Road			VEH. Vehicle			VEH. What Drivers			VEH		
1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Condition			Surface			Condition			Were Doing					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[] Dry			[] Concrete			[] Normal			[] Right Turn			[] Forward from Parking		
[] Wet			[] Asphalt			[] Brakes			[] Left Turn			[] Backing		
[] Ice/Snow			[] Gravel			[] Steering			[] U-Turn			[] Backing from Parking		
[] Muddy			[] Dirt			[] Headlights			[] Going Straight			[] Stopped in Traffic		
[] Other			[] Other			[] Rearlights			[] Slowing/Stopping			[] Parked		
						[] Tires			[] Overtaking			[] Other		
						[] Other								

WITNESSES AND POLICE INVESTIGATION

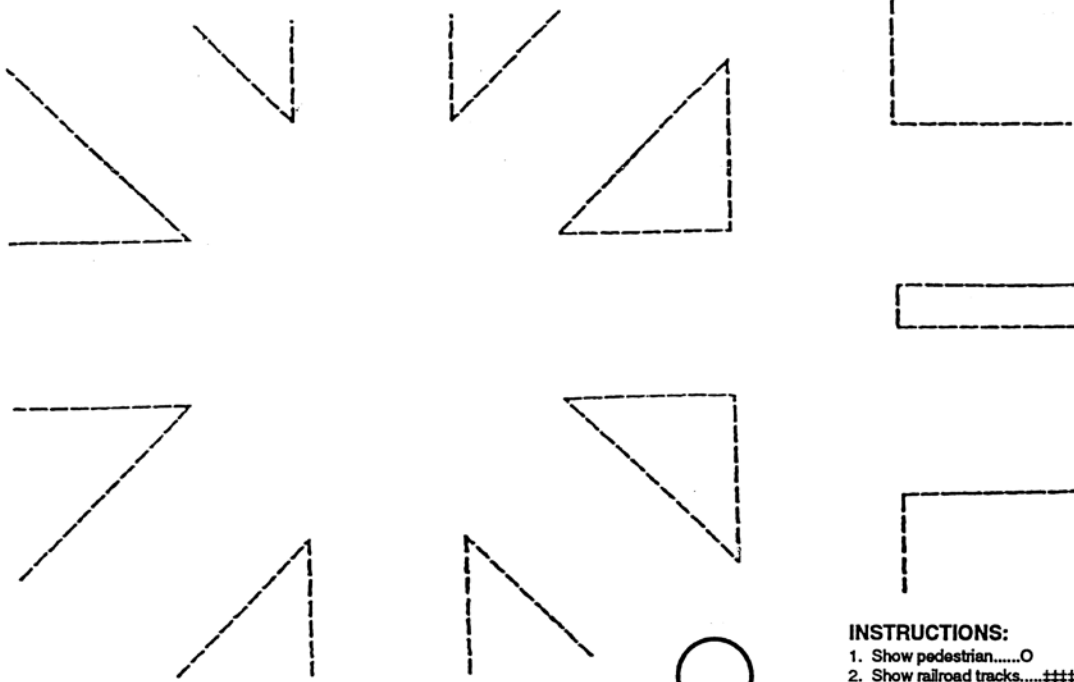
Name _____	Address _____	City _____	State _____	Zip _____	Phone# _____
Name _____	Address _____	City _____	State _____	Zip _____	Phone# _____

SAFETY OFFICE ONLY

CAUSE OF ACCIDENT _____

**CONTACT LOCAL LAW ENFORCEMENT BEFORE LEAVING THE SCENE.
DIRECT ALL STATEMENTS OF RESPONSIBILITY AND OR LIABILITY TO RESPONDING OFFICER ONLY.**

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DIRECT ALL STATEMENTS OF RESPONSIBILITY AND OR LIABILITY TO RESPONDING OFFICER ONLY.**



USE THIS DIAGRAM TO INDICANT WHAT HAPPENED DESCRIBE WHAT HAPPENED IN YOUR OWN WORDS (REFER TO VEHICLES BY NUMBER)

USE ARROW TO INDICATE NORTH

INSTRUCTIONS:

1. Show pedestrian.....O
2. Show railroad tracks.....#####
3. Follow Dotted Lines to draw outline of Road way and Place of Accident
4. Number each Vehicle and Show Direction of travel by Arrows.....
#1 > < #2
5. Dotted Lines to show path after Accident..... #1 >
6. Show Markers or Landmarks
7. If traffic control is present, indicate type of control & location

YOUR PHONE # _____

YOUR OPINION OF THE CAUSE OF THE ACCIDENT _____

OTHER PARTY'S STATEMENT CONCERNING THE ACCIDENT _____

Operator Signature	Date	Supervisor Signature	Date	Administrator	Date