





# NORTHERN WAKE FIRE DEPARTMENT

## STANDARD OPERATING PROCEDURES

<b>TITLE:</b> Vehicle Accident Reporting	<b>SECTION/TOPIC:</b> GENERAL ADMINISTRATION
<b>NUMBER:</b> 100-8	<b>ISSUE DATE:</b> 8/22/17
<b>REVISION DATES:</b> 9/1/17 9/11/17 4/18/19	<b>APPROVED BY:</b>  Gary Vickerson <hr/> <b>PRESIDENT – BOARD OF DIRECTORS</b>  Tim Pope <hr/> <b>FIRE CHIEF</b>

### I. PURPOSE

- A. The purpose of this Standard Operating Procedure is to ensure consistency in the reporting and investigation of vehicle accidents involving Northern Wake Fire Department members and/or apparatus.

### II. SCOPE

- A. This Standard Operating Procedure applies to all members of the organization.

### III. PROCEDURE

- A. All members will operate apparatus/vehicles in compliance with the General Statutes of the State of North Carolina and in a manner that is safe, lawful, and conscientious as to avoid accidents, both preventable and non-preventable.
- B. If the vehicle accident involves the injury of a department member, the injury reporting process will be initiated as stated in the SOP for Injury Reporting.
- C. NOTIFICATIONS
  - 1. Any member, operating a departmental apparatus/vehicle that is involved in an accident resulting in vehicle damage, property damage, or personal injury, will immediately contact his/her supervisor, who will report the incident to the Battalion Chief or other Chief Officer that is on-duty.
  - 2. The notification should include:
    - a. Exact location of the accident
    - b. Number and condition of any injuries
    - c. Number and condition of apparatus/vehicles involved
    - d. Need for additional resources

3. The Battalion Chief or other on-duty Chief Officer will immediately notify the Division Chief of Risk Reduction.
4. The Division Chief of Risk Reduction will make a preliminary determination on the need for Law Enforcement assistance if none has already been called.
5. The Division Chief of Risk Reduction will make additional notifications to the Risk Reduction Team, including the Administrative Chiefs and the Administrative Assistant.
6. If the Division Chief of Risk Reduction is unavailable, a Deputy Chief will be notified and assume the initial Risk Reduction responsibilities listed in this procedure.
7. Failure to report an apparatus/vehicle accident may result in disciplinary action.

#### D. TESTING

1. Any member that is involved in an apparatus/vehicle accident will be required to undergo a post-incident alcohol and controlled substance test if the accident meets any of the following criteria:
  - a. The accident results in an injury.
  - b. The accident results in the member receiving a citation.
  - c. The accident results in major damage to an apparatus or vehicle.
  - d. There is a reasonable suspicion of an influence of alcohol and/or a controlled substance.

#### C. REPORTING

1. The apparatus/vehicle will be placed out-of-service and should not move throughout the on-scene investigation unless instructed to do so by a Chief Officer or a Law Enforcement Officer.
2. The assigned Risk Reduction Officer will report to the scene and begin the internal investigation of the accident.
3. Any potential witnesses should remain on the scene until the investigating Law Enforcement Officer or the Risk Reduction Officer arrives.
4. No statements should be provided to anyone except the investigating Law Enforcement Officer and/or the Risk Reduction Officer.
5. The Risk Reduction Officer will assemble a brief narrative of the incident along with photos.
6. The driving privileges of the involved apparatus/vehicle driver will be immediately suspended pending the completion of the investigation and any recommendation that may follow.

7. Upon returning to the station, a brief narrative of events will be produced by the apparatus/vehicle driver, the supervisor and any other members that were present at the time of the accident and these narratives will be submitted to the Risk Reduction Officer by the end of the current shift.
8. The apparatus/vehicle driver will complete an Apparatus/Vehicle Accident Report (See Appendix A) and the report will be submitted to the Risk Reduction Officer and the Administrative Assistant by the end of the current shift.
9. In the event of needed apparatus/vehicle repairs, the apparatus/vehicle driver involved will complete an RMS apparatus repair request.
10. The supervisor will assure that all documentation is completed and in the event that the apparatus/vehicle driver is unable to complete and submit the reports due to an injury, the supervisor will complete and submit the reports on his/her behalf.

#### E. INVESTIGATION

1. In order to complete the investigation in a fair, consistent and timely manner, the assigned Risk Reduction Officer will:
  - a. Respond to the scene and conduct the on-scene investigation.
  - b. Photograph the entire scene from all angles to include any damaged vehicles, skid marks, damaged property, and/or other potential evidence in regards to the cause of the accident.
  - c. Gather any and all facts pertaining to the accident including witness names, addresses, contact information, and statements.
  - d. Within 24-hours, gather all member narratives and the Apparatus/Vehicle Accident Report, ensuring that they are all completed appropriately.
  - e. Obtain a copy of the Law Enforcement Officer's report if applicable.
  - f. Review all collected information and provide a recommendation along with a copy of the file to the Division Chief of Risk Reduction.
  - g. The recommendation should include:
    - Designation as "Preventable" or "Non-Preventable"
    - Recommended Member Driving Status
    - Recommended Remedial Training
    - Recommended Disciplinary Action
  - h. The Division Chief of Risk Reduction will review the recommendation, along with the supporting documentation, and will determine the next steps.



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2. Was Medical Treatment beyond First Aid or Emergency Medical Care required?  Yes  No

If Yes, treatment by whom? (Physician or Health Care Professional name):

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3. If treated at a Medical Facility:

EMS Transport?  Yes  No EMS Unit #: \_\_\_\_\_

Medical Facility Information: \_\_\_\_\_

(Medical Facility Name)

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(Medical Facility Address)

(City)

(State)

(Zip)

4. Was the injury treated in the Emergency Room?  Yes  No

5. Did the injury require inpatient (overnight) hospitalization?  Yes  No

6. Case Number #: \_\_\_\_\_

7. Was proper Personal Protective Equipment utilized when the accident occurred?

Yes  No Describe PPE used: \_\_\_\_\_

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8. Could this accident have been prevented?  Yes  No

If "Yes" or "No", describe: \_\_\_\_\_

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9. Was this injury witnessed?  Yes  No

If "Yes", by whom? (List name and contact information): \_\_\_\_\_

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**For Vehicle / Equipment Accidents Only:**

1. Describe the accident and what was damaged in detail: \_\_\_\_\_

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(Attach additional forms if necessary – Police report, additional statements, etc.)

2. Was any non-fire department property damaged?  Yes  No

If "Yes", describe: \_\_\_\_\_

(Attach Owner's Information to this Form – Name, address, phone#, Insurance info, etc.)

3. Was Law Enforcement contacted for report of the Incident?  Yes  No

Who? \_\_\_\_\_ Report #: \_\_\_\_\_

(Attach Law Enforcement Report to this Form)

4. Was this accident witnessed?  Yes  No

If "Yes", by whom? (List name and contact information) \_\_\_\_\_

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5. Draw sketch of the accident scene below: (attach drawing if necessary)

