**Agency Name**

**Transit Policies and Procedures**

|  |  |
| --- | --- |
| **Subject** | Accident/Incident Policy |
| **Section**  | Safety |
| **Effective Date** |  |
| **Approved By** |  |
| **Approval Date** |  |

**Purpose**

Provide guidance detailing how employees should handle accidents and incidents involving Agency vehicles.

**Definitions**

*Accident:* An event involving an Agency vehicle and a secondary vehicle which results in damage to one or more vehicles, property, or bodily injury and requires the response of law enforcement or emergency services personnel.

*Incident:* An event that results in damage to an Agency vehicle or property, bodily injury to a passenger or employee, or a violation of any policy on prohibited behavior.

**Procedure**

Develop written procedures that should be followed when accidents and incidents occur. Drivers, Dispatchers, and Supervisors must report all accidents to the Transit Director as soon as possible. When an accident occurs in an Agency vehicle, the Driver should perform the following actions:

* Check for personal and passenger injury on the Agency vehicle.
* Check the driver and passengers of additional vehicles for injury.
* Move vehicles to a safe area not obstructing traffic flow (if possible).
* Notify dispatch, law enforcement, and/or emergency services.
* Remain at the scene until released by law enforcement or emergency services.
* Request that dispatch make tow arrangements if necessary.
* Complete and submit the Agency’s accident report form to the Transit Director.
* Complete the required drug and alcohol testing as outlined in the Agency’s Drug and Alcohol Policy.

All employees are required to report incidents to a supervisor as they occur. If a Driver cannot report an incident while it is occurring, then the Driver should report the incident upon returning to base. In the event of an incident onboard an Agency vehicle, the Driver should perform the following actions:

* Check for personal and passenger injury on the Agency vehicle.
* Notify dispatch of the incident. If needed, notify law enforcement and/or emergency services.
* If the vehicle is operational and passengers are on board, complete assigned trips. Once the final passenger has disembarked, park the vehicle in a safe area outside the flow of traffic. Complete an incident report form and submit it with the daily manifest at the end of the shift.
* If the vehicle is operational and no passengers are on board, park the vehicle in a safe area outside the flow of traffic. Complete an incident report form and submit it with the daily manifest at the end of the shift.
* If the vehicle is inoperative, inform dispatch that the vehicle is inoperative and tow services are required. Request dispatch to send a back-up vehicle. Complete an incident report form and submit it with the daily manifest at the end of the shift.

**Responsibilities**

All employees are responsible for promptly reporting accidents and incidents to their supervisors.

**Example**

See attached templates.

**FORM**

DATE OF REPORT: \_\_\_\_\_\_\_\_\_\_\_ AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VEHICLE ACCIDENT REPORT FORM**

**ABOUT THE ACCIDENT**

Date of Accident \_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_ A.M. Were You \_\_\_\_\_\_\_\_\_\_ Inbound

 \_\_\_\_\_\_\_\_\_\_ P.M. \_\_\_\_\_\_\_\_\_\_ Outbound

Veh. No. \_\_\_\_\_\_\_\_\_\_\_\_ Route Name \_\_\_\_\_\_\_\_\_\_\_\_\_ Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Age \_\_\_\_\_\_\_\_

Driver’s ID No. \_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Accident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Road Condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weather \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At What Distance Did You Notice The Impending Accident \_\_\_\_\_\_\_\_\_\_\_\_ Feet

What Was Your Speed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MPH What Was Your Speed At Impact \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MPH

Approximate Distance Traveled After Impact \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Feet

Did You Sound Horn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of Passengers On Board At Time of Accident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Impact On Your Vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Damage To Your Vehicle Confined To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NARRATIVE (DESCRIPTION OF ACCIDENT)**

**WITNESSES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Address Phone #

**INCIDENT/INJURY REPORT FORM**

Date Report Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report No. \_\_\_\_\_\_\_\_\_\_

Time Report Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

DATE OF INCIDENT / INJURY: \_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ VEHICLE NO. \_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF INJURED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER / HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAY-DURING OFFICE HOURS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAS INCIDENT / INJURY REPORT TO:

 YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ DRIVER

 YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ OFFICE STAFF

 YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ SUPERVISOR

 YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ POLICE

 YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ MEDICAL

 YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF ACCIDENT / INCIDENT:

INJURIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID INJURED PERSON REQUIRE HOSPITAL TREATMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NAME OF HOSPITAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW WAS INJURED TRANSPORTED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF AMBULANCE, NAME OF SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF HOSPITAL TREATMENT WAS NOT NECESSARY, DID INJURED RECEIVE MEDICAL TREATMENT AT DOCTOR’S OFFICE?

YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF PERSON FILLING OUT REPORT (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PERSON FILLING OUT REPORT (sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_