

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): _____