

## Chapter 5

### VEHICLE CRASH/INCIDENT REPORTING PROCESS

#### 5.1 PURPOSE

All crashes and incidents involving Department motor vehicles, heavy equipment, motorized off-road equipment, watercraft, and aircraft, and leased, rented, and privately-owned vehicles used for official business shall be reported on **Form No. 500-000-15, Vehicle Crash/Incident Report**. Drivers/operators involved in crashes and incidents who are required to complete this report include all authorized FDOT employees, Department of Corrections Officers and any other trained and authorized individual.

#### 5.2 DEFINITIONS

**5.2.1 Vehicle Crashes** – A crash involving at least one motor vehicle which results in a fatality, injury, or property damage when such vehicle is in operation on a traffic lane. Any vehicular thoroughfare open to the public, is considered a traffic lane. Vehicle crashes also include:

- (A) Those involving off-road motorized equipment being operated on a traffic lane.
- (B) Those involving a privately-owned vehicle, or a leased or rented vehicle used by an FDOT employee on official business.
- (C) All backing crashes.

**5.2.2 Vehicle Incidents** – Vehicle incidents involving:

- (A) Damage to off-road motorized equipment not being operated on or adjacent to the traffic lane.
- (B) Damage to windshields, windows, signal lights, headlights, or taillights caused by tools, branches, debris, or similar objects.
- (C) Any damage caused to other property by unsecured items falling out of vehicles.
- (D) Any damage caused to other property by objects thrown during mowing operations.

- (E) A damage to vehicles being operated off-road or in a designated Work zone.
- (F) In cases where a DOT vehicle or equipment contacts a POV or a POV makes contact and there is no visible damage or injuries then an incident report must be completed.

### 5.3 VEHICLE CRASH

#### 5.3.1 In the event of a vehicle crash, the driver must:

- (A) Make every effort to have the vehicle moved out of the normal flow of traffic unless the crash results in death, personal injury, or extensive damage to the vehicle so that it cannot be moved. Under these conditions, the vehicle shall not be moved unless directed by law enforcement or other authority.
- (B) Notify his/her immediate supervisor or other employees designated by the Unit Manager/Cost Center Manager as soon as possible. Follow the “Driver Instructions in the Case of **Vehicle Crash**” located in the glove compartment of the vehicle (page 9 of the Vehicle Crash/Incident Report, Form No. 500-000-15.)
- (C) Call law enforcement (FHP first) to report the crash. If law enforcement will not respond because there is minimal or no damage and there were no injuries, then request an incident case number and include this number on the crash report.
- (D) The driver must provide an accurate and detailed account of how the crash happened.
  - a. What type of work were you doing at the time of the crash,
  - b. Describe the type of vehicle directly involved,
  - c. Describe the work environment (slippery ground, lighting, weather, slope, adjacent to high-speed traffic, blind spot),
  - d. If this was a backing crash be specific regarding why a spotter was not used and why you had to back up versus driving forward,
  - e. Was the vehicle defective and if so describe,
  - f. What caused the crash (may be one or more causes).
- (E) Fill out **Sections A, B, C, D, and E** of the **Vehicle Crash/Incident Report**,

**Form No. 500-000-15** and submit the report to his/her immediate supervisor before the end of the employee's shift. If the driver is on travel status, then report to the immediate supervisor upon arrival at his/her official work location or destination.

### 5.3.2 The immediate supervisor must:

- (A) Review the report and ensure that the driver's account and details of the crash are recorded. Review with the driver his/her account and details of the crash to ensure they have included all the facts and causes that led up to the crash. Then:
  - a. Conduct a non-fault-finding investigation for the purpose of identifying causes and solutions,
  - b. Gather all the facts before making any conclusions:
    - i. Was the employee trained and authorized to operate?
    - ii. Did the employee follow defined procedures?
    - iii. Was the work activity new to the employee?
    - iv. Was the vehicle inspected and serviceable?
    - v. Was a supervisor on the job?
    - vi. Was the employee authorized to do operate the vehicle?
    - vii. Was the environment a contributing factor?
    - viii. Was the job located in a high-risk area where the employee may be more concerned about the danger (traffic)
  - c. The final analysis should identify what events led up to the crash, how the crash happened and then provide a plan on what preventive actions will be taken to eliminate future occurrences.
- (B) Fill out sections F and G (1) of the report. Attach all relevant information, witness statements and a copy of the police report, if available.
- (C) Forward the report to the Safety and Health Specialist or designee.
- (D) If the vehicle crash results in an injury to the driver or other Department employee(s) fill out ***Injury/Illness Report, Form No. 500-000-18*** as

required in **Chapter 4** of this **Manual**.

- (E) Ensure that a new **Vehicle Crash/Incident Report, Form No. 500-000-15** is given to the driver to replace the forms used from the vehicle package.
- (F) Forward a copy of pages one and two of the report to the specific maintenance shop, where the vehicle requires repairs, as soon as possible. (See the contact list from the vehicle safety package.)

**5.3.3 The Unit Safety and Health Specialist or designee shall:**

- (A) Assist the immediate supervisor, if needed, in conducting fact finding investigations and completing reports. This assistance should be impartial, non-fault finding and provide additional facts regarding the causes of the crash/incident along with recommendations on how to prevent future occurrences.
- (B) Ensure that the driver and the immediate supervisor have filled out the appropriate sections of the **Vehicle Crash/Incident Report Form No. 500-000-15**, and that copies of all relevant documents are attached.
- (C) Fills out **Section G (2)** of the **Vehicle Crash/Incident Report Form No. (Form No. 500-000-15)**, indicating recommendations for preventive action(s),
- (D) Submit the report to Unit Manager/Cost Center Manager.

**5.3.4 The Unit Manager/Cost Center Manager shall:**

- (A) Review the employee, supervisor and safety specialist (or designee) comments for completeness and to ensure all the facts, circumstances and causes are included in the report.
- (B) When the completed investigation supports the facts that the crash was preventable because the employee deviated from a written and/or verbal instruction, policy, procedure or work practice creating an unsafe act, then Management must review for appropriate administrative action.
- (C) When the crash cause was from an unsafe condition that may include a deficiency in the system, improper work procedures, lack of or not enough training, vehicle malfunction, poor management decision or environmental issues, then a written preventative action plan must be prepared outlining the steps to be taken to change or prevent recurrence.
- (D) Action plans must include what steps are to be taken, by whom and a

proposed or actual completion date.

- (F) Forward a copy of the completed report to the District Safety and Health Manager or designee.

### 5.3.5 **The District Safety and Health Manager or designee must:**

- (A) Provide guidance, if needed, in identifying and implementing pro-active plans that may include specialized operator training, refresher training, or any other action that will help in preventing future crashes.
- (B) Review all Reports for completeness and to ensure they meet the requirements of this Chapter.

## 5.4 **VEHICLE/EQUIPMENT INCIDENT**

### 5.4.1 **In the event of a vehicle/equipment incident, the driver/operator shall:**

- (A) Immediately notify his/her immediate supervisor or other employee designated by the Unit Manager/Cost Center Manager to report the vehicle incident.
- (B) The driver must provide an accurate and detailed account of how the Incident happened.
  - a. What type of work were you doing at the time of the incident,
  - b. Describe the type of vehicle/equipment directly involved,
  - c. Describe the work environment (slippery ground, lighting, weather, slope, adjacent to high-speed traffic, blind spot, obstacles, terrain),
  - d. Was the vehicle/equipment defective and if so describe,
  - e. What caused the incident (may be one or more causes),
  - f. If you are only a part time or emergency designated operator, when did you last receive refresher training?
- (C) Fill out **Sections A, B, C, D, and E** of the **Vehicle Crash/Incident**

**Report, Form No. 500-000-15** and submit the report to his/her supervisor before the end of the employee's next workday shift following the incident. If the driver is on travel status, then report to the immediate supervisor upon arrival at his/her official work location or destination.

**5.4.2 The immediate supervisor shall:**

Follow the same process as outlined in **Section 5.3.2.**

**5.4.3 The Unit Safety and Health Specialist or designee shall:**

Follow the same process as outlined in **Section 5.3.3.**

**5.4.4 The Unit Manager/Cost Center Manager shall:**

Follow the same process as outlined in **Section 5.3.4.**

**5.4.5 The District Safety and Health Manager or designee shall:**

Follow the same process as outlined in **Section 5.3.5.**

**5.5 VEHICLE CRASH/INCIDENT REPORT DISTRIBUTION**

Responsibility for distribution of completed reports may be assigned by the individual District/Office to the District Safety and Health Manager, Safety and Health Specialist or designee. For crashes/incidents involving third parties a copy of the completed first and second page of the report must be forwarded within 24 hours of the vehicle crash/incident to the office responsible for distributing the report to the General Council and Risk Management.

Copies are to be distributed as follows:

- (A)** One copy to the State Safety Office, Occupational Safety and Health, MS 53, Tallahassee, FL 32399-0450 (or input into ISIMS).
- (B)** One copy to the Department's Office of General Counsel, MS 58, Tallahassee, FL 32399-0450 (when a third party is involved).
- (C)** One copy to the Division of Risk Management, Department of Financial Services, 200 East Gaines St., Tallahassee, FL 32399-0337 (when a third party is involved).
- (D)** One copy to the maintenance shop having jurisdiction of the vehicle (first page.)

**5.6 ENTERING THE REPORT INTO ISIMS**

**The information contained in the report must be input into the Industrial Safety Information Management System (ISIMS) *within 30***

***calendar days* by an employee from within the Safety Department as defined in Section 1.5 of this manual.**

## **5.7 FORMS**

The following forms are available from the Department's Forms Library.

Form No. 500-000-15, Vehicle Crash/Incident Report

Form No. 500-000-18, Injury/Illness Report