



<b>General Order Number:</b> 08-05	<b>Effective Date:</b> January 2010
<b>Division:</b> Health and Safety	
<b>Chapter:</b> Vehicle Accident and Loss Damage Reporting	
<b>By Order of the Fire Chief:</b> Marc S. Bashoor	<b>Revision Date:</b> N/A

**POLICY**

This General Order shall establish procedures for reporting, documenting, and investigating accidents involving Fire/EMS Department vehicles, or the loss of property regardless of ownership and/or insurance coverage.

**DEFINITIONS**

**Departmental Vehicle Accident** - Any incident, which involves damage/injury or loss to, or as a result of any vehicle operating, maintained, fueled, and/or insured under the auspices of the Prince George's County Fire/EMS Department.

**Major Departmental Vehicle Accident**

Any Departmental Vehicle Accident that had one or more of the following:

- 1) A fatality or serious injury has occurred (member or civilian).
- 2) Damage to the Department's vehicle exceeds one-third the value of the vehicle or \$10,000.
- 3) Is determined by the Duty Chief to be unusual or unique in nature, warranting special attention.

**Critical Accident Support and Hindsight (CRASH) Team** - A designated team of individuals, appointed by the Fire Chief, to provide on-scene support and gather information to investigate the cause and circumstances of a situation, which results in a major departmental vehicle accident. The Crash Team is comprised of:

- Departmental Safety Officer (chairperson) or designee.
- Emergency Operations Command Major or designee.
- Emergency Medical Service (EMS) Supervisor (or on-duty EMS officer).
- Apparatus Maintenance Manager or designee.
- Other individuals assigned by the Fire Chief with special qualifications.

**PROCEDURES / RESPONSIBILITIES**

**1. All Departmental Vehicle Accidents**

- When a vehicle accident occurs, the driver or officer shall immediately notify Public Safety Communications (PSC). PSC will immediately notify the Fire/Emergency Medical Services



PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

(EMS) Call Center which shall be responsible for notifying the Duty Chief, corresponding Battalion Officer, appropriate Volunteer Officers, Safety Officer and EMS 1.

- The County/appropriate police department shall investigate all accidents involving Fire/EMS Department vehicles.
- The vehicle will not be moved from the point of impact unless lives are being endangered by the vehicle remaining at the point of impact, and/or, ordered by the police department.
- The driver of the vehicle shall complete and sign the following reports immediately following the incident (unless incapacitated) and forward them to his/her supervisor within 24 hours.
  - Vehicle Accident Report (PGC Form #555)
  - Notice of Loss or Damage Report (PGC Form #556)
  - Accident Review and/or Theft Report (PGC Form #2842)
  - A detailed narrative describing all pertinent aspects of the accident.
- Crew/Passengers (each and every person on board the vehicle at the time of the accident) will prepare a statement regarding the accident.
  - The statement is to be in the form of an Inter-Office Memorandum, and headed “Confidential in Anticipation of Litigation.”
  - The memorandum is to be addressed to the Associate County Attorney, and start “In response to your request, (I am giving the following statement regarding...”
  - All statements must be signed, dated, and submitted to Risk Management Office (OSH) within 48 hours. Said statements shall normally be submitted with the other components of the Vehicle Accident Report.
- The supervisor, at the time of the accident, or the next higher level of command not involved in the accident shall be responsible to:
  - Notify the Operations Center and provide relative information for Flash Report to be emailed for notifications.
  - Investigate the accident and complete a Supervisor’s Accident Investigation and Report for Vehicles (PGC Form #1385).
  - Provide a narrative of any additional facts regarding the incident.
  - Review the Driver’s Accident Report.
  - Complete additional Vehicle Accident Information Report (PGC Form #3030).
  - Complete a Notice of Loss or Damage Report (PGC Form #556) to include all Fire/EMS Department property damaged as a result of the accident.
  - Complete an accident Review and/or theft Report (PGC Form #2842), providing as much detail as possible.
  - Submit all the reports and any pictures to the Risk Management Office. (RMO) via the chain-of-command within two business days/48 hours.
  - Obtain copies or case numbers of the Police Department’s investigation report.



Note: In the event the driver or officer of the Fire/EMS Department vehicle involved is unable to complete any of the reports because of injury, the next level supervisor or officer-in-charge will complete the reports. An explanation of why the driver(s) or officer was unable to complete the report should be noted.

- All the reports, diagrams, pictures, etc. shall be submitted to the Risk Management Office via the chain-of-command within two business days/48 hours.
- Apparatus Maintenance is to be contacted for instructions and procedures concerning body damage repairs.
- The Risk Management Office will review and forward the completed reports to the appropriate insurance carrier and Apparatus Maintenance. The appropriate Battalion Officer shall review reports prior to submission to Risk Management.
- Any person directed to appear before a court or Non-Departmental hearing relating to a Departmental accident shall notify the Office of the Fire Chief, in writing, prior to the hearing date. The notice shall contain date, time, and location of the hearing, as well as a brief overview of the incident.
- The driver, supervisor and crew shall cooperate with all aspects of the departmental investigation.

## 2. Major Departmental Vehicle Accidents

- All procedures outlined in Section 1, "All Departmental Vehicle Accidents" shall be followed.
- Immediate notifications shall be made to the CRASH Team members.
- Immediate notifications shall be made to the driver's or officer's supervisor. **(If the immediate supervisor is involved, the next level of supervisor shall be notified).** The supervisor shall participate in the investigation so that he/she has firsthand knowledge of the incident to complete the report (s).
- All departmental vehicles involved in a major accident, regardless of ownership or insurance, shall remain out- of- service and either be driven or towed to Apparatus Maintenance for post accident investigation and documentation. All equipment shall remain on the vehicle until released by Apparatus Maintenance.
- Apparatus Maintenance shall complete a standard series of Post Accident Tasks to determine the mechanical condition and physical characteristics of the vehicle prior to the crash. This shall include inspection and documentation of any component, which may have been a contributing factor to the accident and review maintenance history.



### 3. Post Accident Testing

- Supervisors shall arrange for post accident testing in accordance with the guidelines established in 08-20 (Substance Abuse Policy).

### 4. Property Loss or Damage

- Any Fire/EMS Department property that is lost, damaged, or stolen shall be reported via the chain-of-command to the Risk Management Office within 48 hours.
- The following forms will be used:
  - A Notice of Loss or Damage Report (PGC Form #556).
  - An Accident Review and/or Theft Report (PGC Form #2842), providing as much detail as possible.
  - If the property is stolen, a police report is required.
  - The Risk Management Office will forward the completed forms to the appropriate agencies/offices.
  - The supervisor shall follow-up with the appropriate disciplinary action as it relates to theft, malicious destruction, misuse, loss or unauthorized use of Fire/EMS Department Property.

### 5. Vehicle Accident Review Board

- The Vehicle Accident Review Board shall meet for the purpose of investigating the circumstances surrounding a Fire/EMS Department vehicular accident causing a fatality, serious injury, or excess vehicle damage. The Board will also make recommendations for preventing similar accidents.
- The Members of the Board shall be:
  - Major, Risk Management Office (Chairperson).
  - Operational Safety Officer.
  - Manager, Apparatus Maintenance.
  - Representative, Volunteer Chiefs Council.
  - Representative, Volunteer Fire Commission.
  - Representative, Volunteer Fire & Rescue Association.
  - Representative, International Association of Fire Fighters Local 1619.
  - Major, Emergency Operations Command.
  - Other individuals assigned by the Fire Chief with special qualifications.
- The Vehicle Accident Review Board shall meet when:
  - Fatality or serious injury has occurred.



- Damage that exceeds one-third the value of the vehicle; or \$10,000.
  - There is a question of, or discrepancy in the preventability of the accident.
  - At the direction of the Fire Chief.
- The Board shall forward a report to the Fire Chief containing:
    - All required accident reports.
    - Testimony of driver and witness accounts of the accident as required.
    - A determination of whether the accident was “preventable.”
    - Any recommended corrective action or procedures.
    - These reports must be completed within 45 days of the accident.

Members shall be required to comply with any corrective actions approved by the Fire Chief based on the recommendation of the Vehicle Accident Review Board.

## 6. Compliance

- It is unlawful for any employee or member to make a false statement in connection with any of the matters covered by this General Order.
- If an employee or member makes a false statement in connection with any of the enumerated provisions, the employee or member shall be subjected to disciplinary action up to and including immediate dismissal.
- A false statement in connection with any of the matters covered by this General Order shall amount to the falsification of County reports or documents under Section 16-193(c)(1)(A)(iv) of the Prince George’s County Code.
- Vehicle Accident Review Board hearing attendance shall be required by all personnel, when directed to participate.
- Failure to assist in any part of the investigation, Accident Review Board and/or any follow-up reporting shall subject the employee/member to immediate operational removal and disciplinary action up to and including immediate dismissal,
- Leaving the scene of a vehicle accident, failure to report a vehicle accident or damage shall subject the employee/member to immediate operational removal and disciplinary action up to and including immediate dismissal.

### **REFERENCES**

General Order 08-20 Substance Abuse Policy

### **FORMS / ATTACHMENTS**

P.G.C. Form #1385

P.G.C. Form #556

P.G.C. Form #2842



P.G.C. Form #3030

On-Scene Tasks and Responsibilities Chart

Inter-Office Memorandum Office of *Law*, Associate County Attorney

Instructions for Completing Vehicle Accident Reports

PRINCE GEORGE'S COUNTY

SUPERVISOR'S ACCIDENT INVESTIGATION & REPORT FOR VEHICLES

EMPLOYEE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

OCCUPATION \_\_\_\_\_ AGE \_\_\_\_\_ EMPLOYMENT (IN YEARS) \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ SUB-ACTIVITY \_\_\_\_\_ FUNCTIONAL AREA \_\_\_\_\_

VEHICLE # \_\_\_\_\_ UNIT TYPE \_\_\_\_\_ ODOMETER READING \_\_\_\_\_

ROAD CONDITION \_\_\_\_\_ WEATHER CONDITION \_\_\_\_\_ LIGHT CONDITION \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ TIME OF DAY \_\_\_\_\_ EMP. PHYSICAL COND. \_\_\_\_\_

VEHICLE RESPONSE \_\_\_\_\_ EMERGENCY \_\_\_\_\_ NON-EMERGENCY POLICE CCN \_\_\_\_\_

LOCATION DESCRIPTION \_\_\_\_\_

ACCIDENT DESCRIPTION \_\_\_\_\_

VEHICLE ACTION \_\_\_\_\_

OTHER VEHICLE ACTION \_\_\_\_\_

IMMEDIATE CAUSE \_\_\_\_\_

CONTRIBUTING FACTORS \_\_\_\_\_

WAS THIS ACCIDENT PREVENTABLE BY COUNTY EMPLOYEE? \_\_\_\_\_ YES \_\_\_\_\_ NO

CORRECTIVE ACTION RECOMMENDED \_\_\_\_\_

CORRECTIVE ACTION TAKEN? - DATE \_\_\_\_\_

DAMAGE TO COUNTY VEHICLE (SPECIFY) \_\_\_\_\_

TAKEN FOR ESTIMATES OF DAMAGE? \_\_\_\_\_

DATE & TIME INCIDENT REPORTED BY EMPLOYEE \_\_\_\_\_

DATE OF INVESTIGATION \_\_\_\_\_

SIGNED (SUPERVISOR OR INVESTIGATOR) \_\_\_\_\_

**SUB-ACTIVITY REVIEW AND APPRAISAL**

1. IN YOUR OPINION, WHAT WAS THE IMMEDIATE CAUSE OF THIS ACCIDENT?

\_\_\_\_\_

2. IN YOUR OPINION, WHAT WERE THE CONTRIBUTING FACTORS? \_\_\_\_\_

\_\_\_\_\_

3. WHAT ARE YOUR RECOMMENDATIONS? \_\_\_\_\_

\_\_\_\_\_

4. HAVE THEY BEEN IMPLEMENTED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF 'NO' EXPLAIN: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Sub-Activity Reviewing Authority)

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**ORGANIZATION REVIEW AND ASSIGNMENT OF CODES**

1. ORGANIZATION/SUB-ACTIVITY/FUNCTIONAL AREA \_\_\_\_\_

2. AGE \_\_\_\_\_

3. OCCUPATION \_\_\_\_\_

4. EXPERIENCE \_\_\_\_\_

5. DRIVER CLASS. \_\_\_\_\_

6. UNIT TYPE \_\_\_\_\_

7. ACCIDENT LOCATION \_\_\_\_\_

8. WEATHER CONDITION \_\_\_\_\_

9. ROAD CONDITION \_\_\_\_\_

10. LIGHT CONDITION \_\_\_\_\_

11. DRIVER CONDITION \_\_\_\_\_

12. IMMEDIATE CAUSE \_\_\_\_\_

13. CONTR. FACTOR \_\_\_\_\_

14. ACCIDENT TYPE \_\_\_\_\_

15. PREVENTABILITY \_\_\_\_\_

16. VEHICLE AGE \_\_\_\_\_

17. VEHICLE RESPONSE \_\_\_\_\_

18. VEHICLE ACTION \_\_\_\_\_

19. OTHER VEHICLE ACTION \_\_\_\_\_

20. DEFENSIVE D.C. \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Organization Review Authority)

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**FOR SAFETY OFFICE USE ONLY**

CASE NUMBER \_\_\_\_\_ MOSHA LOG ENTRY? \_\_\_\_\_ YES \_\_\_\_\_ NO

# PRINCE GEORGE'S COUNTY GOVERNMENT

## NOTICE OF LOSS OR DAMAGE REPORT

DEPARTMENT		CODE NO.		
DATE OF LOSS OR DAMAGE		<b>DO NOT WRITE IN THIS SPACE</b>		
<b>PROPERTY AFFECTED</b>	<b>ESTIMATE OF LOSS</b>	FILE NO.		
BUILDING OR STRUCTURE	<input type="checkbox"/> \$	DATE RECORDED		
MOTOR VEHICLE	<input type="checkbox"/> \$	COVERAGE PERIOD		
OTHER PROPERTY	<input type="checkbox"/> \$	ACTION TAKEN	Adjust	Subrogate
<b>TYPE OF LOSS</b>		DESCRIPTION OF PROPERTY AFFECTED		
FIRE, WINDSTORM, OR OTHER	<input type="checkbox"/>			
ACCIDENT OR COLLISION	<input type="checkbox"/>			
THEFT	<input type="checkbox"/>			
CAUSE OF LOSS OR DAMAGE (Attach Supporting Information)				
DATE		SIGNED		
		TITLE		
<b>DO NOT WRITE - INFORMATION NOTES</b>				
FORWARD IN DUPLICATE TO: <b>SAFETY AND INSURANCE MANAGEMENT DIVISION</b> Room 5000, County Administration Building				

**ACCIDENT REVIEW AND/OR THEFT REPORT**

**(It is important that you provide as much detail as possible for each item listed below. Use a separate sheet if necessary)**

**1. PERSONNEL INVOLVED/VEHICLE OR ITEM INVOLVED:**

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**2. WERE PERSONNEL TRAINED AND AUTHORIZED TO OPERATE EQUIPMENT?**

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**3. CIRCUMSTANCES SURROUNDING ACCIDENT OR THEFT:**

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**4. ACTION TAKEN TO DETERMINE EMPLOYEE NEGLIGENCE, IF ANY:**

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**5. DISCIPLINARY ACTION TAKEN? (YES OR NO, AND EXPLAIN BELOW)**

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**6. EFFORTS TAKEN TO PREVENT RECURRENCE:**

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**7. COPY OF POLICE REPORT SUBMITTED? (YES OR NO AND EXPLAIN BELOW)**

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**8. WERE SAFETY BELTS AND/OR SAFETY BAR USED? (YES OR NO)**

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**ADDITIONAL VEHICLE ACCIDENT INFORMATION**  
**(TO BE COMPLETED BY SUPERVISOR)**

1. **NAME OF DRIVER:** \_\_\_\_\_

2. **STATUS OF DRIVER:**    **CAREER**            **CIVILIAN**            **VOLUNTEER**

3. **DATE OF THE VEHICLE ACCIDENT:** \_\_\_\_\_

4. **DRIVER'S LICENSE/PERMIT NUMBER:** \_\_\_\_\_

5. **VEHICLE NUMBER:** \_\_\_\_\_

6. **RADIO I.D. NUMBER (A-99, E-99, T-99, ETC.)** \_\_\_\_\_

7. **ESTMATED DAMAGE:**

**A. FIRE/EMS DEPARTMENT VEHICLE:** \_\_\_\_\_

**B. FIRE/EMS DEPARTMENT PROPERTY:** \_\_\_\_\_

**C. OTHER VEHICLE(S):** \_\_\_\_\_

**D. OTHER PROPERTY:** \_\_\_\_\_



# INTER-OFFICE MEMORANDUM

## PRINCE GEORGE'S COUNTY, MARYLAND

July 14, 2023

TO: Associate County Attorney

FROM:

RE:

In response to your request, I am giving the following statement regarding ...

**CONFIDENTIAL**

## On-Scene Tasks and Responsibilities

<b>Accident</b>	<b>Major Accident</b>	<b>Task</b>	<b>Primary Responsibility</b>	<b>Secondary Responsibility</b>
X	X	Download Drive Cam	Duty Chief	Apparatus Maintenance Manager
X	X	Photograph Acc. Scene & Vehicles	Duty Chief	Dept. Safety Officer
	X	Contact Concentra	Duty Chief	On Duty Batt. Chief
	X	Take Driver to Concentra	Duty Chief	On Duty Batt. Chief
	X	Detailed Drawing of Accident Scene	Duty Chief	On Duty Batt. Chief
X	X	Statements from Fire Department Personnel in Vehicle	Duty Officer	Dept. Safety Officer
	X	Statements from Witnesses	Duty Chief	Dept. Safety Officer
X	X	Accident Report	Driver	Drivers Supervisor
X	X	Supervisor Report	Drivers Supervisor	Battalion Chief
	x	Tow Truck Notification	Fire/EMS Call Center	Apparatus Maintenance Manager
	X	Tow Truck Coordination	Apparatus Maintenance Manager	Duty Chief
	X	Pull Daily, Weekly & Monthly Inspection Forms For past month from the station	Battalion Chief	EOC Major
X	X	Compile all reports, pictures and documentation, and forward to Risk Management within 48 hours	Driver's Supervisor	Battalion Chief

**PRINCE GEORGE'S COUNTY GOVERNMENT**

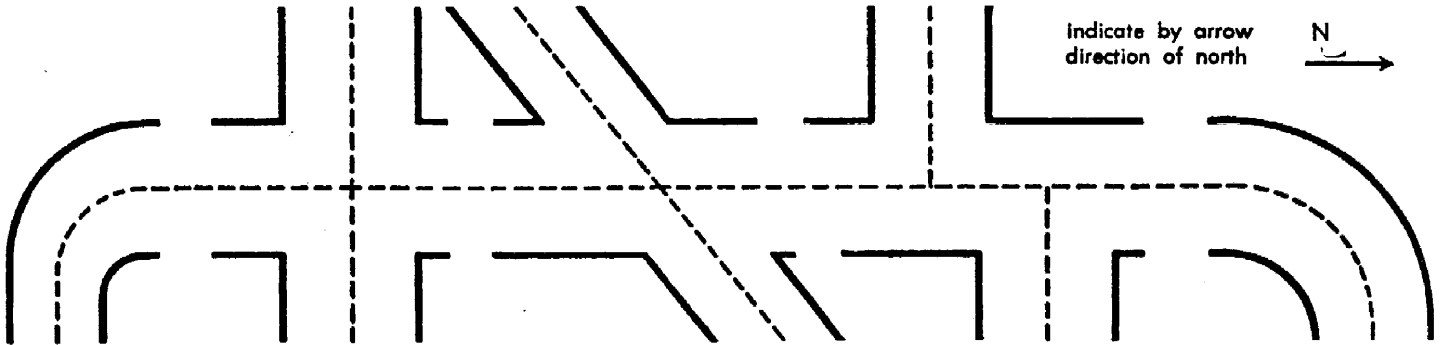
**VEHICLE ACCIDENT REPORT**

IMPORTANT: ALL ACCIDENTS MUST BE REPORTED TO THE COUNTY POLICE IMMEDIATELY

INSURED	Name Prince George's County					Phone 952-3562		
	Address Room 5000, County Administration Building Upper Marlboro, Maryland 20870							
TIME & PLACE	DATE & TIME OF LOSS OR ACCIDENT			ACCIDENT LOCATION				
INSURED AUTOMOBILE (No. 1)	YEAR	MAKE	MODEL	SERIAL NO.	MODEL NO.	LICENSE NO.		
	OWNER OF INSURED VEHICLE PRINCE GEORGE'S COUNTY					OTHER INSURANCE		
	NAME OF DRIVER				AGE	PHONE		
	WAS USE WITH THE KNOWLEDGE AND PERMISSION OF INSURED?			DESCRIBE PURPOSE OF USE				
	WHERE MAY AUTO BE SEEN (ADDRESS)				ESTIMATED COST OF REPAIRS			
	SPECIFY DAMAGE							
	HAVE POLICE BEEN NOTIFIED?		POLICE OFFICER'S NAME, CASE NUMBER & DATE					
DAMAGE TO PROPERTY OF OTHERS* (No. 2)	OWNER		ADDRESS			PHONE		
	YEAR	MAKE	MODEL	SERIAL NO.	MOTOR NO.	LICENSE NO. & STATE		
	OTHER DRIVER		ADDRESS			PHONE		
	LIST DAMAGE				ESTIMATED COST OF REPAIRS			
	WAS OTHER CAR INSURED?		NAME OF COMPANY & POLICY NO.					
DAMAGE TO PROPERTY OF OTHERS (Cont. d) (No. 3)	OWNER		ADDRESS			PHONE		
	OTHER DRIVER		ADDRESS			PHONE		
	LIST DAMAGE				ESTIMATED COST OF REPAIRS			
	IF AUTOMOBILE, MAKE & YEAR				LICENSE NO. & STATE			
	WAS OTHER CAR INSURED?		NAME OF COMPANY & POLICY NO.					
PERSONS INJURED*	AME	ADDRESS	AGE	PASSENGER		PEDES-TRIAN	EXTENT OF INJURIES	
				INSURED'S CAR	OTHER CAR			
					(CHECK ONE)			

PERSONS INJURED*	NAME	ADDRESS	AGE	PASSENGER		PEDES- TRIAN	EXTENT OF INJURIES
				INSURED'S CAR	OTHER CAR		
				(CHECK ONE)			

COMPLETE THE FOLLOWING DIAGRAM SHOWING DIRECTION & POSITIONS OF AUTOMOBILES INVOLVED, DESIGNATING CLEARLY POINT OF CONTACT



**Instructions:**

- (1) Use solid line to show path of vehicle before accident →
- dotted line after accident
- (2) Number each vehicle & show direction of travel →
- (3) Show motorcycle by →
- (4) Show pedestrian by →
- (5) Show railroad by

DESCRIPTION OF ACCIDENT*	
WITNESSES (Show By- stander, Ins. Car, Other Car, etc.)	

NOTE: Forward this completed form to your supervisor within 2 days of the accident. Obtain estimates for repair within 2 weeks of the accident.

\_\_\_\_\_  
Signature of Driver