

**LAKWOOD FIRE DEPARTMENT  
STANDARD OPERATING GUIDELINES**

SOG NUMBER: 101.23	RULE & REGULATION
DATE IMPLEMENTED: JANUARY 9, 2023 DATE REVISED:	TITLE: VEHICLE ACCIDENT REPORTING AND INVESTIGATION

**PURPOSE:**

This guideline was promulgated to provide uniform procedures for reporting and investigating accidents or collisions involving Fire District owned and operated vehicles.

**SCOPE:**

This procedure shall apply to all vehicles and apparatus owned, leased and/or insured by the Lakewood Fire District and operated by Lakewood Fire Department personnel.

**PROCEDURE:**

Whenever a vehicle/apparatus is in a collision of any type, regardless of the severity, the following procedures shall be followed.

1. The law enforcement agency from the jurisdiction wherein the accident occurred shall be requested to respond to the accident scene giving a brief description of what has occurred, location, assistance required, and size-up of damage (i.e., significant / minor damage, extent of injuries, etc.). An investigation report shall be requested from the police.
2. Provide necessary incident stabilization as needed.
3. Place unit out of service, notify the Chief of Department via telephone and incident command if applicable, and remain on scene until released by the Chief and the responding law enforcement officer. If the Chief cannot be contacted immediate notification shall be made to the Fire District Administrator via telephone.
4. The Chief shall immediately notify the Fire District Administrator or designee via telephone.
5. The vehicle driver shall comply with the documentation and/or other accident investigation protocols (drug and alcohol testing) required by the responding law enforcement officer and the department.

6. Immediately upon returning to quarters, the following shall be completed:
  - a) Vehicle Accident/Loss Investigation Report initiated by the vehicle operator and supervisor
  - b) A complete written statement of facts by the vehicle operator and any other members/witnesses with appropriate fact, along with the Vehicle Accident/Loss Investigation Report and all necessary pictures and documents shall be emailed to the Chief of Department or designee as well as the Fire District Administrator or designee.
7. This shall be done prior to the involved personnel going off duty or leaving the firehouse.
8. After being notified, the Chief may permit the unit to leave the scene and complete the preliminary accident investigation elsewhere if the following criteria are met:
  - a) The accident is considered minor with little or no property damage.
  - b) Waiting at the scene may not be practical due to the location or other reasons.
  - c) The accident does not involve other property.
  - d) The accident does not involve private property.
9. It shall be the responsibility of the Chief of Department (or designee) with assistance from the Department Safety Officer to investigate all accidents involving any Fire Department vehicles.
10. The Chiefs investigative report should include statements from all involved employees, members and/or witnesses. Photos should be included, where applicable, showing relative positions of vehicles, signs, damage, etc. Copies of any pertinent law enforcement reports should also be included. All reports, including law enforcement reports, documentation, and photographs shall be delivered to the Fire District Administrator within 24 hours of the incident or as soon as practical.
11. In certain cases, such as injuries and/or extensive property damage, the Chief of Department may consult with the Fire District Administrator who may require a fitness for duty evaluation (drug and alcohol testing).
12. The Fire District Administrator, Chief of Department, Department Safety Officer, or highest-ranking officer shall determine if the incident is serious enough to temporarily relieve the operator from driving duties and require remedial training and shall be initiated based on the following criteria:
  - a) Severity of the accident.
  - b) The recommendation of the company officer based on observations of the involved driver before, during, and after the accident.
  - c) Significant findings of the investigating law enforcement officer and/or Chief of Department.
  - d) The reauthorization and restoration of driving duties shall be determined by the Fire District Administrator, Chief of Department, or their designee after review of the investigative report.

**Lakewood Fire District No.1**  
**Vehicle Accident/Loss Investigation Report**  
*(This is not a claim form)*

Name of Driver: \_\_\_\_\_  
 Type of Vehicle: \_\_\_\_\_ Vehicle ID/Unit Number: \_\_\_\_\_  
 Date Driver was Last Certified on the Above Vehicle: \_\_\_\_\_  
 Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ Date Reported: \_\_\_\_\_  
 Location of Accident: \_\_\_\_\_

**Roadway**

- Straight
- Curve
- On grade
- Level
- Hillcrest
- Dry
- Wet
- Muddy
- Snowy
- Icy
- Oily
- 2-lane
- 3-lane
- 4-lane
- Divided
- Rural
- Lanes marked
- Lanes unmarked
- No road defects
- Holes, ruts, etc.
- Loose material
- Other \_\_\_\_\_

**Accident Occurred**

- At station
- Responding to emergency
- At emergency scene
- Returning from emergency
- Training
- Convention or parade
- Other \_\_\_\_\_

**Type of Loss**

- Personal injury
- Property damage
- Vehicle damage

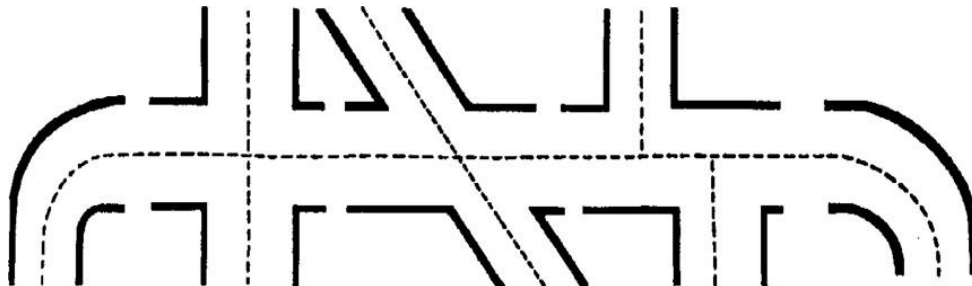
**Weather**

- Clear
- Rain
- Snow
- Fog
- Sleet
- Other \_\_\_\_\_

Description of Accident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Motor Vehicle Diagram**

To assist in reporting an accident you may complete the following diagram showing direction and positions of automobiles involved, designating clearly point of contact.



**Instructions:**

1. Give street names and directions
  2. Show vehicles and direction of travel
  3. Use solid line to show path of each vehicle before accident
- Indicate North ↑  
 Your Vehicle Other Vehicle(s) 1 2   
 Use dotted line after accident .....

**Safety Analysis**

What acts, failures to act and/or conditions contributed most directly to this accident? (Immediate Cause)

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What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause)

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What action has or will be taken to prevent recurrence? Place "X" by items completed.

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Safety Officers / Chief of Department's Comments:

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Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's (OIC) Signature \_\_\_\_\_ Date \_\_\_\_\_

Chief of Department Signature \_\_\_\_\_ Date \_\_\_\_\_