



## VEHICLE/EQUIPMENT INCIDENT REPORTING POLICY

### APPLICABILITY

This policy applies to all employees who work for the City of Providence who utilize City-owned, leased or personal cars, trucks, and other motorized equipment, including trailers and towed equipment while performing the duties of their employment. Due to the unique nature of its operations, employees of the Providence Water Supply Board (PWSB) will continue to follow procedures outlined within their agency. This policy does not supplant or replace policies already in effect with the Providence Police and Providence Fire Departments.

### PURPOSE:

The purpose of this policy is to provide a concise record of incidents involving vehicles and related equipment and to prevent additional accidents through effective use of follow up procedures. Failure to comply with this policy will result in disciplinary action up to and including termination of employment.

### A. REPORTING AN INCIDENT

Any incident, involving a City vehicle or personal vehicle being used for City business, regardless of the extent of the damage, is to be reported to a police officer with jurisdiction in the area.

Drivers involved in an incident will use the Internal Vehicle/Equipment Incident Report to document the event. Blank incident report forms will be kept in the glove compartment of each vehicle. Additional copies are available for download online at [www.providenceri.gov/hr/policies](http://www.providenceri.gov/hr/policies).

### B. PROCEDURE TO FOLLOW IN THE EVENT OF AN INCIDENT:

The following procedure will be followed when there is an incident involving a City of Providence vehicle, including trailers or other mobile equipment, or a personal vehicle being used for City business.

1. Stop vehicle, turn off engine, and use flashers or warning lights. If you are blocking a lane of travel, move vehicle to side of road.
2. Call 911- even if there are no injuries. When the police arrive, cooperate and tell them what occurred.
3. Assist any injured person, but DO NOT move them unless absolutely necessary to prevent further injury. Otherwise, move to a safe place.
4. As soon as possible, the driver or a co-worker must immediately contact his/her supervisor to report the incident and the status of all employees.
5. **Supervisors, or their designee**, will report to the scene of all incidents. Upon arrival, the supervisor shall:
  - view the scene of the incident
  - interview the employee and
  - take digital photos of the scene and personnel. Copies of the photographs will be attached to the Vehicle/Equipment Internal Incident Report and become part of the record of the incident.

6. **The driver** will complete the Internal Vehicle/Equipment Incident Report and give it to the supervisor. If the driver is for any reason unable to complete the report at the scene, the driver will give a verbal report to the supervisor, and complete the form in writing as soon as practicable.
  - The Internal Vehicle/Equipment Incident Report and the police report number shall be provided to the City's Fleet Manager within 24 hours.
7. **All City employees involved in the incident** must complete an Employee Incident Report (EIR) at the scene of the accident whether or not an injury was sustained.
  - The Employee Incident report shall be provided to Human Resources within 24 hours.
8. Supervisors, or their designee, are responsible for seeing that employees have completed the Internal Vehicle/Equipment Incident Report and/or the Employee Incident Report as completely as possible.
9. If a moving citation is issued to the driver, Human Resources must be notified as soon as practicable. Commercial Motor Vehicle license holders must comply with the Rhode Island CMV reporting requirements.
10. If the driver holds a Commercial Motor Vehicle license and is operating a commercial motor vehicle at the time of the incident, post-accident alcohol and controlled substance testing may be required. Testing is required when an accident involves a fatality **OR** the driver receives a moving violation citation arising from the accident **AND** 1) a vehicle must be towed, or 2) an injury requires immediate medical treatment away from the scene. (Refer to the City's Commercial Motor Vehicle Driver Policy/Program for details.)
11. If the collision involves an unattended vehicle, the driver of the City vehicle shall contact the police immediately and, with their assistance, endeavor to contact the owner of the vehicle.
12. If the incident involves a hit and run, or the other party refuses to remain at the scene or provide information, the driver of the City vehicle should remain at the scene and contact the police in order to document the details of the incident.
12. No repairs, appraisals or alterations to City vehicles will be conducted without the written authorization of the City's Fleet Manager.

### **C. OTHER APPLICABLE POLICIES**

Employees who utilize motor vehicles while performing the duties of their employment are also subject to the rules and regulations outlined within the City of Providence's Vehicle Use Policy, Driver's License Verification Policy, and, if applicable, the Commercial Motor Vehicle Driver Policy/Program. Employees are required to familiarize themselves with all applicable vehicle policies.



## INTERNAL VEHICLE/EQUIPMENT INCIDENT REPORT

*Keep this in your glove box*

First Steps	While Still At the Scene
<ul style="list-style-type: none"> <li>Stop your car. If you are blocking a lane of travel, move vehicle to side of road.</li> <li>Get aid for the injured- call 911 and ask for an ambulance.</li> <li>Call the police- call 911 even if there are no injuries.</li> <li>Notify your supervisor.</li> </ul>	<ul style="list-style-type: none"> <li>When the police come, cooperate and tell them what you know.</li> <li>Take pictures.</li> </ul>

<b>Day/Date/Time:</b>	AM / PM (circle one)
<b>City Operator:</b>	
<b>Title:</b>	
<b>Equipment/Vehicle No.:</b>	
<b>Your Passengers:</b>	
<b>Location of Incident (be specific):</b>	
<b>Police Report Number:</b>	

DAMAGE DESCRIPTION (Don't forget to take photos)	
<b>Your Vehicle:</b> Circle the numbers closest to the damaged areas.	<b>Other Vehicle:</b> Circle the numbers closest to the damaged areas.

ALL DRIVERS	*CDL Drivers Only operating CMV at time of Incident <i>Is alcohol and controlled substance testing required?</i>
Was there a fatality?      ___ Yes    ___ No	← If yes- <b>Test*</b>
Were you issued a citation?      ___ Yes    ___ No	← If yes- <b>Go to next 2 questions</b>
<ul style="list-style-type: none"> <li>Was a vehicle towed away?      ___ Yes    ___ No</li> <li>Was any one transported away from the scene for medical treatment?      ___ Yes    ___ No</li> <li>Who?    <input type="checkbox"/> Driver    <input type="checkbox"/> Co-worker    <input type="checkbox"/> Other</li> </ul>	← If yes- <b>Test*</b> <i>*Alcohol within 2 hours, no more than 8 hours post-accident.</i> ← If yes- <b>Test*</b> <i>*Controlled substance as soon as possible, no more than 32 hrs. post-accident.</i>

Explain below how the incident happened:	Indicate on the diagram how the incident happened:
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_ Photos attached    \_\_\_ Copy Internal Vehicle/Equipment Incident Report to Fleet Manager    \_\_\_ Copy of completed Employee Incident Report(s) to HR