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| ***REPLACE WITH YOUR MASTHEAD*** | | |
| **VFIS logo black JPG** | **SOG Title:** | |
| **SOG Number:** | |
| **Original Date:** | **Revision Date:** |
| **ABC Fire Department General Operating Guideline** | | |

**Accidents Involving Department Vehicles**

***This is a sample of a standard operating guideline (SOG) on this topic. You should review the content, modify as appropriate for your organization, have it reviewed by your leadership team and if appropriate your legal counsel. Once adopted, make sure the SOG is communicated to members, implemented and performance monitored for effective implementation.***

**Purpose:**

To establish policies and procedures for handling accidents involving fire company vehicles.

* Accidents during emergency response:
  + The responding vehicle will stop immediately.
  + The first responsibility of the driver or uninjured firefighters is to check the extent of firefighter and/or civilian injuries, and to call for the appropriate level of emergency medical help, such as an ambulance, if needed. Except for emergency medical treatment, fire company personnel shall refrain from offering any unsolicited assistance to civilians. Do not discuss the accident.
  + The officer in charge and the police shall be notified immediately, providing the exact location and extent of injuries through the emergency communications center.
  + No admission of fault shall be made by any Fire Company personnel at the scene of the incident. The officer or driver of the apparatus involved shall gather the following information:
    - Name, address, phone number, of civilians involved
    - Operator's information and insurance information of civilians involved.
    - Vehicle information of civilian vehicles involved.
    - An initial summary of injuries.
    - Names, addresses, phone numbers of any witnesses if possible.
    - The Driver of the apparatus involved will only provide information outlined in first three items above.
    - The driver/officer shall fill out an accident report upon return to station. (See Attachment)
    - Any injured firefighter shall fill out an injury report as soon as possible.
    - If the fire chief or his/her designee is not present, they shall be notified as soon as possible.
  + Accidents during non-emergency response:
    - Follow same procedures as above.
  + Complete the accident/incident report. (See Attachment)

**Special Procedures:**

* No fire company vehicle shall be towed without the consent and supervision of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or his/her designee.
* If a fire company vehicle must be towed, it shall be to the \_\_\_\_\_\_\_\_\_\_\_ station or location specified by the senior member in charge.
* If the accident results in serious injuries or death the apparatus shall be placed out-of-service immediately and secured for investigative purposes

***This is a sample guideline furnished to you by VFIS. Your organization should review this guideline and make the necessary modifications to meet your organization’s needs. The intent of this guideline is to assist you in reducing exposure to the risk of injury, harm or damage to personnel, property and the general public. For additional information on this topic, contact your VFIS Risk Control representative.***

**References:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fire Department**

**Accident/Incident Report**

The following report is to be completed by the officer, driver or other personnel immediately after an accident involving a fire company vehicle.

Apparatus # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Incident

Location of Accident

Fire Incident # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire Incident Location

Officer in Charge

Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer:

Firefighters on Apparatus (Name & Location on Apparatus)



Firefighter Injuries/Fatalities/Medical Treatment/Hospital (Name/Injury)

Civilian Injuries/Fatalities/Medical Treatment/Hospital (Name/Injury)

Investigating Law Enforcement Officer

|  |  |  |
| --- | --- | --- |
| Owner Information | Vehicle 1 | Vehicle 2 |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Operator’s # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Registration | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vehicle Make | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vehicle Model | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Insurance Company | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Insurance | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| Witnesses: |  |
| 1. NName \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. NName \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Briefly describe what happened:

Briefly describe damage to:

Fire Company Vehicles:

Civilian Vehicles

Disposition of Fire Company Vehicles