
S.O.P. #: 400-02

SUBJECT: ACCIDENTS INVOLVING APPARATUS/PERSONAL INJURY/PROPERTY DAMAGE

DIVISION: EMERGENCY OPERATIONS

Objective: To outline the procedures for Fire Department response to accidents involving apparatus, property damage, and personal injury. The procedures outlined herein are intended to contribute to both a safe, efficient environment and improved best practices for all members.

Section 1: Procedure at the Scene of an Accident

- A. In the event of an accident involving a Fire Department vehicle, the following actions shall be taken:
1. Stop immediately and investigate.
 2. Check for injuries and request additional resources.
 3. Notify Fire Dispatch on the divisional talkgroup.
 4. Fire Dispatch and/or the Administrative Duty Officer (ADO) shall:
 - a. Request the police to respond
 - b. Notify the appropriate Chief Officer (includes acting Chief Officers)
 - c. Notify the on-duty Safety Officer
 - d. Notify the closest career Company Commander
 - e. Notify the EMS District Officer when EMS transport units are involved
 - f. When a volunteer company is using career apparatus, the Baltimore County Volunteer Fireman's Association Vice President of Operations and the Chief Officer of the volunteer company shall also be notified.
- B. When Accidents Occur Involving Apparatus
1. If possible, the apparatus should remain at the scene of the accident in order to assist in any investigations. Careful consideration to moving equipment should be given as its position may be of investigative importance. If en-route to an emergency response, apparatus should proceed only after inspection by the Officer in Charge (OIC). The officer must use personal judgement as to the urgency and nature of the call in deciding whether to continue the response. **Notify Fire Dispatch if the apparatus will not be remaining on the scene.**
 2. For all non-emergency related accidents, the vehicle will report out-of-service and will remain at the scene of the accident until released by the investigating officer(s).
 3. Any time a volunteer company utilizes Baltimore County-owned apparatus and it is involved in an accident, the appropriate Chief Officer, or their designee, is to be notified and respond to investigate.

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- C. Members shall not furnish or discuss any information that is not required by law concerning accidents with anyone except investigators from the Police and/or Fire Departments.
 - 1. The following information is required by law and shall be provided, upon request, to any/all individuals involved in the accident.
 - a. The driver's license for the driver(s) of the involved vehicle(s).
 - b. Baltimore County's self-insurance card, which also contains the involved vehicle(s) registration information.

- D. Post Vehicle Accident Alcohol/Drug Test – This section follows the requirements of the Federal Motor Carrier Safety Administration (FMCSA) and County policy.
 - 1. As soon as practical following an accident involving a County vehicle, the driver shall undergo alcohol/drug testing if:
 - a. There is a loss of human life.
 - b. Bodily injury occurs with immediate medical treatment away from the scene and one or more vehicles sustain disabling damage requiring tow away from the scene.
 - c. One or more vehicles incur disabling damage as a result of the accident, or a motor vehicle is required to be transported from the scene by a tow truck or other motor vehicle.
 - d. The on-duty Chief Officer, in consultation with the Director of Safety (or their designee), determines that alcohol/drug testing is necessary.
 - 2. The on-duty Safety Officer shall be notified anytime post-accident testing is conducted. The Chief Officer shall also e-mail Fire-CDS@baltimorecountymd.gov with the member's full name, County ID (AMS number), and Fire Department ID (C#).
 - 3. Alcohol/Drug testing shall be done by County designated medical facilities.
 - 4. At the discretion of the on-duty Chief Officer, in consultation with the Director of Safety (or their designee), the Baltimore County Police Department may be called upon to administer an alcohol breathalyzer.

Section 2: Forms for Reporting a Vehicle/Personal Injury/Property Damage Accident

- A. A Vehicle Accident/Property Damage/Injury Illness Report-Form 1 (Appendix A) and a Form 58 shall be completed and signed by the injured member/Fire Department operator. The Form 1 and Form 58 will then be reviewed for accuracy and signed by the closest appropriate career Officer. All Fire Department member-witnesses shall complete and sign a Form 58, immediately upon return to the station, in accordance with established procedures. The Form 1 will also be utilized for all other incidents involving property damage and on-duty illness/injury.

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1. Every Form 58 should include all pertinent information regarding the accident, including the event(s) leading up to the accident, weather, lighting and road conditions, and actions taken immediately after the accident.
 2. The immediate supervisor shall complete a Form 58 documenting action(s) taken immediately following the accident, including any pertinent information related to the circumstances of the accident and/or damage.
 - a. The closest appropriate career officer is responsible for completing the Form 58 for EMS District Officers and EMS transport units.
- B. The Form 1, all Form 58's, any police reports provided on scene, and incident pictures must be e-mailed to fire-safety@baltimorecountymd.gov, (using the appropriate naming convention in the e-mail subject line as outlined at the bottom of the Form1), within twenty-four (24) hours of the accident. The Form 1 shall also be e-mailed to bcwccclaimsfax@baltimorecountymd.gov any time a member is injured. Once completed and signed, all original forms must be sent to the Safety Office via Departmental mail within twenty-four (24) hours of the incident.
1. The completed Form 1 and all Form 58s shall be submitted electronically in PDF format after all applicable fields, drawings and signatures have been completed.
 2. For incidents with more than five (5) pictures, the photographs shall be submitted by means of combining images into compressed (zipped) folder(s) and e-mailed with forms as described above.

Section 3: Accident Responses/Investigations

- A. All accidents involving Departmental vehicles require the response of the Police Department as well as the appropriate Chief Officer, or their designee, i.e. first-due career Company Officer, to the location where the incident occurred.
1. Serious accidents involving Departmental vehicles including fatalities, life threatening injuries, or multiple injuries shall also require the response of a Safety Officer as well as the Baltimore County Police Department Accident Investigation Unit (BCoPD AIU).
 2. Once on the scene, the Chief Officer, or their designee, should remain out-of-service until the on-scene investigation has been completed.
 3. The investigation shall include:
 - a. Ensuring the response of the BCoPD AIU on all incidents as described in number (1.) of this section; or, at the discretion of the responding Chief Officer or their designee.
 - b. Obtaining all the necessary information surrounding the incident as required on the Form 1, **i.e. Police Department incident number.**
 - c. Obtaining the names, addresses and phone numbers of all witnesses.
 - d. Photographs of the incident, which should include:
 1. Fire Department 5-digit vehicle identification number.
 2. Tag number(s) of other vehicles involved.
 3. Any damage caused by the accident.
 4. Positions of vehicles in relation to fixed property from a North, South, East, and West position.

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5. Anything pertinent to the incident that would aid in understanding the events that occurred.
 6. The surrounding area, including the roadway and any traffic signal devices.
 7. Other photos that may help to show weather conditions, visibility, and damage caused or NOT caused by the accident.
4. The on-scene Chief Officer, in coordination with the on-duty Safety Officer and the Equipment Maintenance Shop representative, will make the final determination as to if the apparatus can be driven and remain in-service, must be towed and placed out of service, or requires a change-over. **All parties to the decision should consider the need to obtain the “black box” information before determining whether the unit returns to service.**

Section 4: Notification of Equipment Maintenance (EM) or Vehicle Operations Maintenance (VOM) through ADO

- A. When requesting assistance from EM or VOM, the driver or OIC shall explain to the ADO the extent of damage to the vehicle.
- B. The crew of the disabled vehicle will render all possible assistance to the maintenance personnel.
- C. An Apparatus and Equipment Repair Requisition (Form 189) shall be promptly submitted for EM apparatus by the Company Commander, immediately upon return to the station, in accordance with established procedures, describing the damage to the vehicle involved. (All accident forms should be submitted prior to this step)
- D. All VOM vehicles are required to report to Hunt Valley VOM – Accident Management for inspection within two (2) working business days of the incident, regardless as to whether or not there is visible damage. Hunt Valley VOM can be contacted directly by the Company Commander at 410-887-1883 to schedule the inspection. Normal inspection hours are Monday – Thursday 0730-1530, excluding 1130-1230 daily. The Company Commander where the unit is assigned or being used is ultimately responsible for ensuring the vehicle is scheduled and reports for inspection.

Section 5: Accidents Involving the Backing of Fire Department Vehicles

- A. This Standard Operational Procedure requires that when backing a Fire Department vehicle, at least one spotter shall be used. The exception shall be when the attendant of a medic unit is rendering patient care or when only one person is assigned to a vehicle such as a staff car, Division/Battalion Chief, Fire Director, EMS Supervisor or Deputy Fire Marshal. If no spotter is available, the driver shall walk completely around the vehicle to determine if obstructions are present before backing up.
- B. If a member is involved in an accident where they did not follow the requirements in (A.) of this section, the accident will be determined to be preventable and not conforming with established Standard Operational Procedures/Rules and Regulations Governing the Fire Department. The accident will be evaluated by the Accident Review Group for final recommendations to the respective Chief Officer.

Section 6: Accident Review Group (ARG)


A. The ARG will be comprised of:


1. One Chief Officer (Chairperson, appointed by the Assistant Chiefs) (non-voting)
2. One representative from the Fire-Rescue Academy (appointed by the Chairperson) (voting)
3. One representative from the Safety Office (appointed by the Chairperson) (voting)
4. One member in the rank of EMT, EMT/FF, or FADO (appointed by the Chairperson) (voting)

B. The ARG will meet monthly, or as necessary, to review all pertinent information concerning each incident and make recommendations to the appropriate Chief Officer using a standardized review process when apparatus is involved. At a minimum, the ARG will review the Form 1, all Form 58's, any outside witness statements and all photographs pertinent to the accident. The ARG will also review a summary of Fire Department motor vehicle crashes over the preceding twelve (12) months as well as any related training that occurred during the preceding twelve (12) months. All members participating in a review of an accident will sign a non-disclosure order prior to the start of the evaluation.

1. All Form 1's submitted to the Safety Office will be assigned a tracking number and will be reviewed by the ARG.
2. The ARG will provide its findings to the appropriate Chief Officer on a Form 58 and include:
 - a. Non-conformance with established Standard Operational Procedures/Rules and Regulations Governing the Fire Department.
 - b. Previous incidents involving a member over the last twelve (12) months.
 - c. If corrective action is or is not recommended.
 - d. Identifying if an incident is non-preventable, preventable, preventable with mitigating circumstances, or deferred to the BCoPD AIU.
 - e. The type of preventable incident involving apparatus as defined by the ARG
3. The BCoPD AIU shall determine the degree of preventability for all accidents that they investigate.

APPENDIX A (Sample Form 1):

	BALTIMORE COUNTY FIRE DEPARTMENT VEHICLE ACCIDENT/PROPERTY DAMAGE/INJURY REPORT COMPLETE WITHIN 24 HOURS OF INCIDENT & E-MAIL TO fire-safety@baltimorecountymd.gov IF INVOLVING AN EMPLOYEE INJURY/ILLNESS ALSO E-MAIL to: BCWCLAIMSFAX@baltimorecountymd.gov	FILE # _____
		Total Pages <input style="width: 50px;" type="text"/> (including 58s and all other documents)
1. TYPE OF REPORT <i>Check All that Apply in this section</i>		DATE OF INCIDENT
Vehicle Accident <input type="checkbox"/> Property Damage <input type="checkbox"/> Injury/Illness <input type="checkbox"/> Damage Found on DOT <input type="checkbox"/>		
Accident Involved FD Vehicle <input type="checkbox"/> Civilian Vehicle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other (describe in 58) <input type="checkbox"/>		
2. INJURED EMPLOYEE/FD OPERATOR		Career <input type="checkbox"/> Volunteer <input type="checkbox"/>
Rank	Last Name	First Name
		MI
		ID (C or V#)
Address of Employee		Male/Female
	Last 4 of SS	DOB
	Station	Primary Phone
	Shift	Yrs of Service
		Date Supervisor Notified
3. INJURY/ILLNESS INFORMATION		Injury (Y/N)
Primary Symptom		Illness (Y/N)
Activity @ time of Injury/Illness		Transported (Y/N)
Was PPE in use at time of injury/illness (Y/N)		Hospital #
Time of Incident		Describe on a Form 58
4. FIRE DEPARTMENT VEHICLE		FD Vehicle Involved (Y/N)
Tiller Driver (if Applicable)		
5 Digit ID#	Unit #	Year
		Tag
		Mileage
Make	Model	VIN
Safety Device(s) in Use (Y/N)	Seat Belts <input type="checkbox"/>	Air Bags Deployed <input type="checkbox"/>
		Headsets <input type="checkbox"/>
Other Safety Devices:		
FD Crew	1	2
	3	4
Vehicle Damage? (Y/N)	Damage Require Out of Service (Y/N)	FD Vehicle Towed (Y/N)
Location of Vehicle Damage		
Type of Vehicle Damage		
5. OTHER VEHICLE OR PROPERTY		Other Vehicle Involved (Y/N)
Operator	Last Name	First
		MI
		DOB
Operator Street Address		Injured (Y/N)
	City	State
		Zip
Vehicle Make	Model	Year
		Tag
Same as Operator? (Y/N)		
Owner	Last	First
		MI
		Phone
Owner Street Address		State
	City	Zip
Insurance	Company Name	Policy Number
6. ACCIDENT INFORMATION		
FD CC #	Police CC#	Time
		Posted Speed
Location		Weather Conditions
Surface Condition	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>
	Ice <input type="checkbox"/>	Snow <input type="checkbox"/>
	Mud <input type="checkbox"/>	
Emergency Equipment in Use	Lights <input type="checkbox"/>	Siren <input type="checkbox"/>
	None <input type="checkbox"/>	Other <input type="checkbox"/>
FD Activity	Responding To Call <input type="checkbox"/>	Transporting to Hospital <input type="checkbox"/>
	Returning From Call <input type="checkbox"/>	Parked <input type="checkbox"/>
		Patient on Stretcher (Y/N)
		Other
PD Investigation	BCoPD <input type="checkbox"/>	MSP <input type="checkbox"/>
		Other <input type="checkbox"/>

BALTIMORE COUNTY FIRE DEPARTMENT VEHICLE ACCIDENT/PROPERTY DAMAGE/INJURY REPORT						
6. CIVILIAN INJURIES/WITNESSES/OCCUPANTS						<i>Additional Names - Use Form 58</i>
Civilian 1	Last Name		First	MI	DOB	
	Civilian Street Address		City	State	Zip	Injured (Y/N)
						Transported (Y/N)
						Hospital #
Civilian 2	Last Name		First	MI	DOB	
	Civilian Street Address		City	State	Zip	Injured (Y/N)
						Transported (Y/N)
						Hospital #
Civilian 3	Last Name		First	MI	DOB	
	Civilian Street Address		City	State	Zip	Injured (Y/N)
						Transported (Y/N)
						Hospital #
7. DIAGRAM						Indicate North
<i>Use FD vehicle's Unit Number (E1) as identifier in diagram</i>						
SAMPLE						
8. SUPERVISORY REVIEW					All Form 58s Complete? (Y/N)	
Operator/Employee Name		Signature		ID	Date	
Supervisor Name		Signature		ID	Date	
SAFETY OFFICE USE ONLY						
Review	Chair	1			2	
Members		3			4	
Outcome	Preventable <input type="checkbox"/>	Non-Preventable <input type="checkbox"/>	Preventable with Mitigating Circumstances <input type="checkbox"/>			
See BCoPD Crash Team Report <input type="checkbox"/>						
LOGISTICS USE ONLY (DO NOT COMPLETE):						
Minor Damage <input type="checkbox"/>	Disabling Damage <input type="checkbox"/>	Major Damage <input type="checkbox"/>		Repair Cost		