| POLICY TITLE: Employee Unusual Incident Reporting | | PAGE 1 OF 7 |
|---|---|---|
|  | **CHILD AND FAMILY SERVICES AGENCY**<br>**Approved by: Debra Porchia-Usher**<br>Interim Agency Director<br>**Date: June 29, 2011** | **REVISION HISTORY:** |
| **LATEST REVISION:**<br>August 30, 2011 | **EFFECTIVE DATE:**<br>June 29, 2011 | |

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|---|---|
| **I. AUTHORITY** | The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and applicable Federal and District of Columbia laws and regulations including DC Municipal Regulations Title VI, §1803 (Government Personnel, Employee Conduct). |
| **II. APPLICABILITY** | All employees and contractors of CFSA - *note: to the extent that any provision of this policy conflicts with an applicable collective bargaining agreement, the agreement shall supersede this policy.* |
| **III. RATIONALE** | The Child and Family Services Agency provides guidance for employees and contracted personnel (hereinafter "employees") to report unusual incidents. Such incidents may include, but are not limited to, the loss of personal or CFSA property, work-involved injuries and accidents, or other events that are different from the regular routine or established procedure. Failure to report unusual incidents may present a safety risk to individuals, and may contribute to serious liability issues for CFSA. To ensure that these incidents are reported in a timely manner, for appropriate follow-up, CFSA requires employees to adhere to this policy. |
| **IV. POLICY** | It is the policy of the Child and Family Services Agency that employees report all unusual incidents immediately to the appropriate supervisor, and complete the applicable forms (Employee Unusual Incident Report Form, CFSA Information Technology Incident Report Form, Motor Vehicle Accident Form, Department of Public Works [DPW] Initial/Incident Report, and the Chain of Custody Form). Information on these forms:<br><br>1. Identifies individuals involved and/or witnessing the incident; and<br><br>2. Addresses the location of incident; type of incident; intervention/s used to resolve the incident and includes a brief description of the incident.<br><br>Criminal acts or incidents that may be deemed a financial liability to CFSA, or that may present a safety risk, must be immediately reported to the Director of the Child and Family Services Agency, Deputy Directors, Office of Risk Management, Office of the Inspector General and law enforcement official. |

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| **V. CONTENTS** | **A.** Definition of an Employee Unusual Incident<br>**B.** General Procedures for Employee Unusual Incidents<br>**C.** Role of the CFSA Office of Risk Management<br>**D.** Role of the Administrator, Manager, and Supervisor<br>**E.** Role of Human Resources<br>**F.** Unusual Incidents Reports/Criminal Investigations |
| **VI. ATTACHMENTS** | **A.** Employee Unusual Incident Report Form<br>**B.** CFSA Information Technology Incident Report Form<br>**C.** Motor Vehicle Accident Form<br>**D.** DPW Initial/Incident Report |
| **VII. PROCEDURE** | **Procedure A: Definition of an Employee Unusual Incident**<br><br>Employee unusual incidents occur while a CFSA employee is on official duty executing the responsibilities and duties of the job, including agency offices, vehicles or in a field location. An employee unusual incident is defined as any significant occurrence or extraordinary event, different from the regular routine or established procedure. Unusual incidents include, but are not limited to the following examples:<br><br>1. Possession and/or use of alcohol and/or illegal/unauthorized substances by an employee while on official duty and executing the responsibilities and duties of his/her job, including agency offices or any field location<br><br>2. Death of an employee while on official duty or death of a visitor in the agency offices or any field location<br><br>3. Employee misconduct/fraud and abuse<br><br>4. Theft or destruction of property<br><br>5. Fire/bomb threats<br><br>6. Motor vehicle accidents<br><br>7. Serious injury of an employee requiring external medical care<br><br>8. Possession of conventional weapons (excluding possession by law enforcement personnel while executing their duties)<br><br>9. Unauthorized disclosure of any case related information<br><br>10. Any incident requiring the involvement of law enforcement authorities, fire or rescue units |
| | **Procedure B: General Procedures for an Employee Unusual Incident Reporting**<br><br>The Employee Unusual Incident Report is part of the official record of the incident and ensures that the Agency is informed of any unusual incident that may require immediate attention. The Employee Unusual Incident Report Form (Attachment A) is used for reviewing the incident and may generate and investigation by the Office of Risk Management. Therefore, the Employee Unusual Incident Report Form (Attachment A) must detail all information related to the incident. The CFSA Office of Risk Management shall be the |

point of contact and the coordination of all criminal investigations involving CFSA and law enforcement agencies and forward all necessary documents and information to the appropriate parties in conjunction with consultation when appropriate, with the CFSA Office of General Counsel.

1. Any employee who witnesses or has direct knowledge of an unusual incident shall immediately report it to their immediate supervisor both verbally and in writing, using the Employee Unusual Incident Report Form (Attachment A).

2. An employee shall complete the Employee Unusual Incident Report Form (Attachment A) and supplemental reports as directed by the supervisor or Risk Manager and submit the form to Office of Risk Management within twenty-four (24) hours of the incident or the next business day.

3. To ensure uniformity in reporting procedures and format, the Employee Unusual Incident Report Form (Attachment A) shall be the only reporting form used.

4. The Employee Unusual Incident Report Form (Attachment A) may be deemed sufficient as the final written report by the CFSA Office of Risk Management depending upon the nature of the unusual incident.

5. An employee shall participate in the investigation of the unusual incident at the direction of the Office of Risk Management.

6. The Employee Unusual Incident Report shall include a summary of actions taken by managerial officials regarding the unusual incident, and any corrective measures taken to prevent recurrences (immediate and long-term). The report shall be reviewed by the CFSA Office of Risk Management and disseminated to the appropriate parties and/or administrations for corrective action, if needed.

7. In the event that all facts are not included in the initial report, a follow-up report shall be submitted to the CFSA Office of Risk Management within 72 hours after the occurrence of the initial incident. However, if updated information is received after that timeframe, the Office of Risk Management shall incorporate it into the report. Administrators shall ensure that follow-up reports are submitted to relate subsequent information and actions.

8. When an employee unusual incident occurs between the hours of 4:45 p.m. and 8:15 a.m. on weekdays and any time on weekends or holidays, the employee shall report the incident to the security officer on duty at 202-442-6361. The employee shall also inform his or her supervisor of the incident upon returning to work and complete and submit an Employee Unusual Incident Form (Attachment A) to the Office of Risk Management before the end of the employee's shift of the next business day.

    a. If the unusual incident constitutes an employee emergency, CFSA's security is directed to call the following individuals until a response is received:

i. Risk Management Specialist at 202-497-4282

ii. Human Resources (HR) Administrator at 202-497-9011

iii. Chief Administrative Officer at 202-403-9860

b. If the unusual incident involves an emergency impacting the building, CFSA security is directed to call the following individuals until a response is received:

i. Supervisory Inventory and Space Management Specialist at 202-409-0865

ii. Facilities Management Program Manager at 202-497-0140

iii. Chief Administrative Officer at 202-403-9860

9. If the unusual incident involves the security of computer systems or information technology (i.e., the loss or damage of a device containing CFSA information), the employee shall complete a CFSA Information Technology Incident Report Form (Attachment B) as well as the Employee Unusual Incident Form (Attachment A), and follow the procedures outlined in the Information Technology Risk Assessment Policy.

a. Such incidents include, but are not limited to lost, stolen, or damaged cell phones and/or smart phones, computers, lap tops, air cards, flash drives, or any other device containing any CFSA information.

b. If the unusual incident report is regarding a lost, stolen, or damaged cell/smart phone, the employee shall also submit a copy of the Employee Unusual Incident Form (Attachment A) to the Facilities Management Administration (FMA) as well.

c. The Office of Risk Management shall confer with the Child Information System Administration (CISA) and other appropriate departments (e.g., FMA) to determine appropriate action regarding all lost, stolen, or damaged devices containing CFSA information. *(See the Incident Security Response Policy and the Device and Media Controls Policy for more information.)*

*Note: an unusual incident report regarding security of computer systems or information technology shall be completed for <u>all</u> lost, stolen, or damaged devices containing CFSA information, including devices owned by the District of Columbia and/or personal devices.*

10. If the unusual incident concerns an employee's involvement in a vehicle accident in an agency vehicle or in the employee's personal vehicle while performing work-relating duties, the employee shall immediately complete a Motor Vehicle Accident Form (Attachment C), the DPW Initial/Incident Report (Attachment D), as well as the Employee Unusual Incident Form (Attachment A). Employees who are involved in a vehicular accident while driving, during the performance of their work duty, shall obtain a Chain of Custody Form located at Human Resources (HR) Administration or at the FMA in order to complete a drug/alcohol testing immediately, or within 24 hours of the incident, as directed by HR.

## Procedure C : Role of the CFSA Office of Risk Management

The purpose of the CFSA Office of Risk Management is to help prevent, eliminate and/or reduce conditions and practices that present a potential risk of harm or loss. The CFSA Office of Risk Management shall:

1. Ensure copies of the Employee Unusual Incident Report Form (Attachment A) are forwarded to the appropriate department for follow-up within 24 hours of receipt. In extreme cases requiring immediate corrective action, the appropriate department shall also be contacted verbally.
2. Ensure that the Agency's director or designee is contacted by telephone or written communication, immediately following an employee unusual incident requiring their attention.
3. Monitor the incident reporting process to determine compliance and implementation of the recommended corrective action.
4. Participate in investigations and provide assistance to management as necessary.

## Procedure D: Role of the Administrator, Manager, & Supervisor

1. Administrators, managers, and supervisors are responsible for ensuring timely attention and resolution to employee unusual incidents. The deputy director shall be contacted by the administrator, manager, or supervisor immediately upon knowledge of any of the following incidents:
   a. Death of an employee on official duty or of a visitor while on District Government premises
   b. Employee misconduct, fraud, and abuse
   c. Any incident requiring the involvement of law enforcement authorities, fire or rescue units
2. Participate in investigations as necessary.
3. Ensure that the initial report is submitted to the Office of Risk Management within 24 hours of the incident or the next business day.
4. If all facts are not available and included in the initial report, ensure that a follow-up report is submitted within 72 hours; additional information is to be immediately conveyed to the Office of Risk Management.
5. Report any injuries of an employee to Third Party Administrators (TPA) (the organization that processes workman's compensation) and provide the claim number to the Office of Risk Management.
6. Ensure the employee completes a Chain of Custody Form and drug/alcohol testing is done within 24 hours of the incident, if the incident concerns the possession and/or use of alcohol and/or illegal/unauthorized substances.
7. Ensure completion of the Motor Vehicle Accident Form (Attachment C), the DPW Initial/Incident Report (Attachment D), as well as the Employee Unusual Incident Form (Attachment A) if applicable.

8. Refer employees who are involved in a vehicular accident while driving, during the performance of their work duty, to HR or FMA to obtain a Chain of Custody Form and complete drug/alcohol testing immediately or within 24 hours of the incident, as directed by HR.

## Procedure E: Role of the Office of Human Resources

The CFSA Human Resources Administration (HRA) plays an integral role in the unusual incident reporting process. HRA shall complete the following tasks:

1. Notify the appropriate administrator within 24 hours of receipt of an employee unusual incident report if the report merits placing an employee on administrative leave pending the outcome of an investigation.

2. When applicable, notify FMA and Child Information System Administration (CISA) to suspend service to employee's cell phone, Outlook and FACES.NET access.

3. Provide support/counseling through the Employee Assistance Program (EAP) for employees as needed.

4. Request appropriate documentation from the unusual incident investigation and maintain them in the personnel records.

5. Ensure that the supervisor has sent the employee to have a drug/alcohol test immediately, or within 24 hours of the incident, depending on the nature of the incident if the incident concerns a motor vehicle accident.

## Procedure F: Unusual Incident Reports Resulting in an external Investigation

Employee unusual incidents may involve law enforcement officials and other external investigative components.

1. Employee unusual incidents that may require the involvement of law enforcement officials and other investigative components include but are not limited to the following situations:
   a. Serious or suspicious injuries to employees on official duty
   b. Possession, and/or distribution of alcohol and controlled substances by an employee on official duty
   c. Employee misconduct, fraud and abuse
   d. Theft of government property
   e. Illegal possession of weapons or any object used or attempted to be used to cause harm/injury
   f. Any incident requiring the involvement of law enforcement authorities, fire or rescue unit

2. When such incidents occur, the CFSA Office of Risk Management, shall ensure the following procedures are implemented immediately:
   a. Notification of the Office of the General Counsel, if necessary.

| | |
|---|---|
| | b. Notification of the Metropolitan Police Department (MPD), if necessary.<br><br>c. In the event of a criminal investigation by the Protective Service Division (PSD), MPD or the Office of the Inspector General (OIG) the employee and/or victim should be removed from the immediate area to defuse the situation. Removal of an employee pending internal and criminal investigations may include such actions as reassignment or detail. Other instructions may come from PSD, MPD or OIG based on the individual circumstances of an investigation.<br><br>d. Completion of an internal investigation by the Office of Risk Management, if necessary.<br><br>*Note: CFSA staff shall not conduct an internal investigation prior to notifying the Office of the General Counsel and the Office of Risk Management. This includes taking statements or interviewing witnesses or victims. Such actions impede a criminal and internal investigation. Staff shall only gather the information that is required for the completion of the CFSA Employee Unusual Incident Report.*<br><br>e. In the event there is suspicion of employee misconduct, fraud, and abuse the Agency Director and OIG shall be notified immediately and no later than 24 hours after receipt of notification. |

# CHILD AND FAMILY SERVICES AGENCY
# EMPLOYEE UNUSUAL INCIDENT (UI) REPORT

**PART 1 - REPORTING SOURCE**

1. **Name of Reporter:** _____

a. **Title/Position:** _____

b. **Administration:** _____

c. **Telephone Number** _____ d. **Date Reported:** _____ e. **Time Reported:** _____

2. **Has this incident been reported to Risk Management?** _____ **Yes** _____ **No** _____ **Don't Know**

**If yes, please provide the following information to the best of your knowledge:**

**Person Reporting Incident to Risk Management:** _____

a. **Title/Position:** _____

b. **Administration:** _____

c. **Telephone Number:** _____ d. **Date Reported:** _____ e. **Time Reported:** _____

**PART 2 -TYPE OF INCIDENT**

3. **Type of Incident:** _____

4. **Date of Incident:** _____ **Time of Incident:** _____

5. **Location/Place of Incident:** _____

6. **Individuals Involved and/or Witnesses to the Incident:** _____

_____

**PART 3 - DETAILS OF INCIDENT**

7. **(WHO? WHAT? WHEN? WHERE?)**

_____

_____

_____

_____

_____

_____

**PART 4 - INTERVENING ACTION (S) TAKEN AND BY WHOM**

_____

_____

_____

_____

_____

**PART 5 - (FOR RISK MANAGEMENT USE ONLY)**

_____

_____

_____

_____

Note: If necessary, attach separate sheet for additional information.

**CFSA INFORMATION TECHNOLOGY INCIDENT REPORT FORM**

**DCERT Ref. #**

**Date/Time of Incident:** **Date/Time of Report:**

**Agency:** **Address:**

**User Info:** First Name: _____ Last Name: _____ Phone: _____

Email: _____

**User/Host location (if different from Agency address):**

**ISO/Tech Lead Info:** First Name: _____ Last Name: _____ Phone: _____

Email: _____

| **Incident Type:** | | | | |
|---|---|---|---|---|
| | Misuse/Abuse of Computer Resources | ☐ | Unauthorized Access | ☐ |
| | Computer Virus/Worm/Trojan/ Detection | ☐ | Suspicious Activity | ☐ |
| | Distributed/Denial of Service | ☐ | Exploit | ☐ |
| | Network Availability | ☐ | Other: | ☐ |

**Initial Severity Assigned** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ HIPPA Related? YES ☐ NO ☐

**Virus/Worm/Trojan Info:** **Removed:** YES ☐ NO ☐

**Antiviral Software:** **Name:** **Version:** **Date:**

**Host Info:** Mainframe ☐ Workstation ☐ Server ☐ Network Device ☐ Other ☐ OS:

| **Source Address** | **Port #** | **MAC Address** | **Destination Address** | **Port #** | **MAC Address** |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

**Incident Details**

*Provide details of events leading up to incident if known, impact on users, details of theft or destruction, and how many users were affected*

**Action Taken**

**Name of Person Writing Report:** _____

**Signature:** _____ **Date:** _____

DISTRICT OF COLUMBIA

# MOTOR VEHICLE ACCIDENT

REPORT FORM

| CLAIM CODE/PHONE # | AGENCY CONTACT INFORMATION | AGENCY |
|---|---|---|
| | | |

| DATE OF ACCIDENT | TIME OF ACCIDENT<br>AM:<br><br>PM: | LOCATION ACCIDENT OCCURRED: ☐ NE ☐ NW ☐ SE ☐ SW<br>_____ ft of _____<br>Street Street | STATE |
|---|---|---|---|

| TYPE OF ACCIDENT (check one) | TRAFFIC CONDITIONS (check one) | TRAFFIC CONTROLS (check one) | ROAD SURFACE (check one) | ROAD CONDITION (check one) |
|---|---|---|---|---|
| __ 00 Collision of vehicles<br>__ 01 Collision with fixed object<br>__ 02 On board school bus<br>__ 03 Boarding/Alighting<br>__ 04 Pedestrian<br>__ 05 Fatality | __ 00 Unknown<br>__ 01 Heavy<br>__ 02 Medium<br>__ 03 Light | __ 00 Unknown<br>__ 01 Yield Sign<br>__ 02 Signal<br>__ 03 Officer<br>__ 04 Turn Restricted<br>__ 05 Flashing Light<br>__ 06 Stop Sign<br>__ 07 None<br>__ 08 Other | __ 00 Unknowns<br>__ 01 Concrete<br>__ 02 Asphalt<br>__ 03 Light<br>__ 04 Gravel<br>__ 05 Dirt<br>__ 06 Other | __ 01 Unknown<br>__ 02 Repairing<br>__ 03 Dry<br>__ 04 Wet<br>__ 05 Ice |

| ROAD TYPE (check one ) | LIGHT CONDITIONS (check one ) | STREET LIGHTS (check one ) | WEATHER (check ALL that apply ) (check one ) |
|---|---|---|---|
| __ 00 Straight<br>__ 01 Curve<br>__ 02 Level<br>__ 03 Grade<br>__ 04 Crest<br>__ 05 Underpass<br>__ 06 Ramp<br>__ 07 Bridge<br>__ 08 Divided | __ 00 Unknown<br>__ 01 Dawn/Dusk<br>__ 02 Dark<br>__ 03 Daylight | __ 00 Unknown<br>__ 01 Defective street light(s)<br>__ 02 No street light(s)<br>__ 03 Street light(s) on<br>__ 04 Street light(s) off | __ 00 Unknown<br>__ 01 Fog/Midst<br>__ 02 Clear<br>__ 03 Rain<br>__ 04 Snow<br>__ 05 Sleet |

Total # of Vehicles Involved: _____

**District Driver & Vehicle Information**

District Vehicle No. _____ # of Passengers in District Vehicle: _____# of Passengers Injured in District Vehicle: _____

District Operator (Last Name, First Name, M.I.) Age Sex Full or Part-time (FT or PT) Driver Injured: Yes No

_____ _____ _____ _____

Drivers License # _____ License State: _____ Home Phone #: ( ) _____- _____ Cell Phone #: ( ) _____- _____

Vehicle Model/Year Make Body Style Tag #/State/Year Vehicle Color Vehicle Damaged: Yes or No

_____ _____ _____ _____ _____

Speed at time of Impact: _____ mph Skid Mark Details: _____

Vehicle Driven Away: Yes or No Vehicle left at scene: Yes or No If towed, to where: _____

**VEHICLE TYPE**
(check one)
__ 00 Passenger Auto
__ 01 Bus
__ 02 Truck
__ 03 Trailer
__ 04 Other
__ 05 Heavy Equipment

**DRIVER CONDITION**
(check ALL that apply)
__ 00 Fatigued
__ 01 Ill
__ 02 Physical defect
__ 03 Asleep
__ 04 Normal
__ 05 Unknown
__ 06 Ability Impaired
__ 07 Ability not impaired

**PRIMARY CAUSE OF ACCIDENT:**
Insert ONE code from below for **DISTRICT** vehicle here: ☐ Insert ONE code from below for **CLAIMANT** vehicle here: ☐

| | | | |
|---|---|---|---|
| __ 00 Speed | __ 08 Flashing light | __ 16 Other Defects | __ 22 Defective light(s) |
| __ 01 Defective brakes | __ 09 Directional light | __ 17 Pedestrian Violation | __ 23 Pedestrian drunk |
| __ 02 Signal | __ 10 Stop Sign | __ 18 Driver inattention | __ 24 Road defects |
| __ 03 Auto right of way | __ 11 Alcohol influence | __ 19 Changing lanes no caution | __ 25 Road defects |
| __ 04 Pedestrian right of way | __ 12 Improper passing | __ 20 Failure to set parking brake | __ 26 Driver vision obstructed |
| __ 05 Improper Turn | __ 13 One way street-wrong way | __ 21 Opened door in traffic | __ 27 Other: _____ |
| __ 06 Yield Sign | __ 14 Wrong side of street | __ 22 Drug influence | _____ |
| __ 07 Stop/Go light | __ 15 Improper starting | __ 23 Improper Backing | _____ |

DISTRICT OF COLUMBIA

# MOTOR VEHICLE ACCIDENT

REPORT FORM

**Claimant Information**

Claimant (Last Name, First Name, M.I.) _____ Age _____ Sex _____ Estimated Damage $_____

Home Address _____ Business Address _____

Drivers License #/State _____ Home Phone #: ( ) ____- _____ Alternate Phone #: ( ) ____- _____

Vehicle Damaged: Yes or No Speed at time of Impact: _____ mph Skid Mark Details: _____
Was vehicle driven away? Yes or No Was vehicle left at the scene? Yes or No If towed, to where: _____
Tow Co. Info. _____

INJURY CODE (check ALL that apply)
__ 00 Fatal __ 01 Disabling __ 02 Non-disabling __ 03 None
__ 04 Unknown __05 No visible injury __ 06 complaint of pain/no visual injury

CLAIMANT CONDITION (check one)
__ 00 Fatigued __ 01 Ill __ 02 Physical defect
__ 03 Asleep __ 04 Normal __ 05 Unknown
__ 06 Ability Impaired __ 07 Ability not impaired

TYPE OF VEHICLE (check one):
__ 00 Passenger Auto __ 01 Bus __ 02 Truck __ 03 Trailer __ 04 Unknown __ 05 Taxi __ 06 Motorcycle __ 07 Bicycle
__ 08 Fire engine __ 09 Ambulance __ 10 Fixed Object __ 11 Vendor Cart __ 12 Other: _____

# of Passengers in Claimant Vehicle: _____ # of Passengers Injured in Claimant Vehicle: _____
Do you have Collision Insurance? ____Yes ___No Amount of Deductible $_____

**Additional Claimant Information**

Claimant (Last Name, First Name, M.I.) _____ Age _____ Sex _____ Estimated Damage $ _____

Home Address _____ Business Address _____

Drivers License #/State _____ Home Phone #: ( ) ____- _____ Alternate Phone #: ( ) ____- _____

Vehicle Model/Year: _____ Tag #/State/Year: _____

Make: _____ Vehicle Color: _____

Body Style: _____

Vehicle Damaged: Yes or No Speed at time of Impact: _____ mph Skid Mark Details: _____
Was vehicle driven away? Yes or No Was vehicle left at the scene? Yes or No If towed, to where: _____
Tow Co. Info. _____

INJURY CODE (check ALL that apply)
__ 00 Fatal __ 01 Disabling __ 02 Non-disabling __ 03 None
__ 04 Unknown __05 No visible injury __ 06 complaint of pain/no visual injury

CLAIMANT CONDITION (check one)
__ 00 Fatigued __ 01 Ill __ 02 Physical defect
__ 03 Asleep __ 04 Normal __ 05 Unknown
__ 06 Ability Impaired __ 07 Ability not impaired

TYPE OF VEHICLE (check one):
__ 00 Passenger Auto __ 01 Bus __ 02 Truck __ 03 Trailer __ 04 Unknown __ 05 Taxi __ 06 Motorcycle __ 07 Bicycle
__ 08 Fire engine __ 09 Ambulance __ 10 Fixed Object __ 11 Vendor Cart __ 12 Other: _____

# of Passengers in Claimant Vehicle: _____ # of Passengers Injured in Claimant Vehicle: _____
Do you have Collision Insurance? ____Yes ___No Amount of Deductible $_____

DISTRICT OF COLUMBIA

# MOTOR VEHICLE ACCIDENT

REPORT FORM

Pedestrian/Vehicle Actions:

____ Unknown_ ___ With signal in crosswalk
____ Against signal n crosswalk ___ In crosswalk-no signal
____ From between parked cars ___ Backing up
____ Turning right ____ Turning left
_____Parked ____ Entering/leaving parking
____ Making U-Turn ____ Run off Road
____ Slowing/stopping ____ Overtaking
____ Changing lanes ____ Going straight
____ Stopped ____ Avoiding
_____ Other: _____

**Witnesses Information:**

Name Address Phone Number

1. _____
2. _____
3. _____

LOCATION OF ACCIDENT:

____ At intersection
___ Not at intersection
___ At crosswalk
___ Not at crosswalk
___ Other:_____

**Injured Person(s) Information:**

Name/Address Phone Number Injuries/Which Vehicle

1. _____
2. _____
3. _____

**INDICATE AREA OF DAMAGE TO VEHICLES BELOW:**

**District Vehicle**

Front Rear

**Claimant Vehicle**

Front Rear

Description of Accident: _____

**Example:**

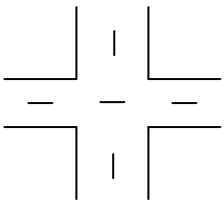

Diagram N

W E

S

Supervisor at Scene: _____ Complaint No.: _____

Investigating Police Officer: _____ Badge No.: _____ District/Precinct: _____

Phone #: _____

Signature of District Driver: _____ Date: _____

**FAX COMPLETED FORM TO: (202) 727-0249**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**
**INITIAL/INCIDENT REPORT**

**NOTE: <u>USE THIS FORM TO INITIALLY REPORT INCIDENTS.</u>** To be completed by the investigating supervisor. This report must be faxed to the Department Safety Manager and your Administrator/Division Chief ASAP, but **no later than the end of your shift**. You must follow all procedures outlined in the latest copy of the Department's Accident Notification Procedures. **Contact Safety @ Nextel Call Number 2413. For questions concerning CDL Drug/Alcohol, contact DPW Drug and Alcohol Coordinator @ Nextel Call Number 2696!!**

**ADMINISTRATION/DIVISION:** _____
**DATE/TIME OF INCIDENT**: _____
**ADDRESS OF INCIDENT**: _____

**EMPLOYEE(S) INVOLVED**

**DRIVER/OPERATOR:** _____
**NAME:** _____
**NAME:** _____

**DPW VEHICLE/EQUIPMENT INVOLVED**

**VEHICLE/EQUIPMENT/MAKE/MODEL:** _____
**VEHICLE/EQUIPMENT TAG NUMBER:**_____
**DESCRIBE DAMAGE**: _____

**OTHER OPERATOR/VEHICLE INVOLVED**

**NAME/ADDRESS:** _____
**INSURANCE COMPANY NAME/ADDRESS:** _____
**WITNESS NAME/ADDRESS:** _____
**WITNESS NAME/ADDRESS:** _____
**TYPE VEHICLE/TAG NUMBER:** _____
**DESCRIBE DAMAGE:** _____

**PLEASE PROVIDE A BRIEF DESCRIPTION OF WHAT HAPPENED**

**SUPERVISOR'S NAME/PHONE:** _____
**POLICE OFFICER'S BADGE #/REPORT #:** _____
**DATE FAXED TO SAFETY: (202-671-0613):** _____

**PLEASE DISTRIBUTE TO OTHERS WITHIN YOUR ADMINISTRATION ACCORDINGLY**

DPW Initial Incident Report Form – A product of DPW RACC: October 2002