POLICY TITLE: Employee Unusual Incident Reporting

CHILD AND FAMILY SERVICES AGENCY
Approved by: Debra Porchia-Usher
Interim Agency Director

Date: June 29, 2011

LATEST REVISION: August 30, 2011
EFFECTIVE DATE: June 29, 2011

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:

1. Identifies individuals involved and/or witnessing the incident; and

2. Addresses the location of incident; type of incident; intervention/s used to resolve the incident and includes a brief description of the incident.

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.
| V. CONTENTS | A. Definition of an Employee Unusual Incident  
B. General Procedures for Employee Unusual Incidents  
C. Role of the CFSA Office of Risk Management  
D. Role of the Administrator, Manager, and Supervisor  
E. Role of Human Resources  
F. Unusual Incidents Reports/Criminal Investigations |
|---------------------|---------------------------------|
| VI. ATTACHMENTS | A. Employee Unusual Incident Report Form  
B. CFSA Information Technology Incident Report Form  
C. Motor Vehicle Accident Form  
D. DPW Initial/Incident Report |
| VII. PROCEDURE | Procedure A: Definition of an Employee Unusual Incident  
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:  
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  
2. Death of an employee while on official duty or death of a visitor in the agency offices or any field location  
3. Employee misconduct/fraud and abuse  
4. Theft or destruction of property  
5. Fire/bomb threats  
6. Motor vehicle accidents  
7. Serious injury of an employee requiring external medical care  
8. Possession of conventional weapons (excluding possession by law enforcement personnel while executing their duties)  
9. Unauthorized disclosure of any case related information  
10. Any incident requiring the involvement of law enforcement authorities, fire or rescue units |
| Procedure B: General Procedures for an Employee Unusual Incident Reporting  
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 all 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.
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<tr>
<td>b.</td>
<td>Notification of the Metropolitan Police Department (MPD), if necessary.</td>
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<tr>
<td>c.</td>
<td>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.</td>
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</table>
| d. | Completion of an internal investigation by the Office of Risk Management, if necessary.  

*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.* |
| 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. |
# Employee Unusual Incident Report Form

**PART 1 - REPORTING SOURCE**

1. **Name of Reporter:**
   
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:**

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

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

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

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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 Info:**

First Name: ____________________  Last Name: ____________________  Phone: ____________________

Email: ____________________

**Incident Type:**

- Misuse/Abuse of Computer Resources
- Computer Virus/Worm/Trojan/ Detection
- Unauthorized Access
- Suspicious Activity
- Distributed/Denial of Service
- Exploit
- Network Availability
- Other: ____________________

**Initial Severity Assigned**

1  2  3  4  5  HIPPA  YES  NO

**Related?**

**Virus/Worm/Trojan Info:**

Removed: YES  NO

**Antivirus Software:**

Name: ____________________  Version: ____________________  Date: ____________________

**Host Info:**

- Mainframe
- Workstation
- Server
- Network Device
- Other
- OS: ____________________

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<tr>
<th>Source Address</th>
<th>Port #</th>
<th>MAC Address</th>
<th>Destination Address</th>
<th>Port #</th>
<th>MAC Address</th>
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**Incident Details**

Produce 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:** ____________________

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Attachment B: CFSA Information Technology Incident Report Form

Page 1 of 1
**DISTRICT OF COLUMBIA**  
**MOTOR VEHICLE ACCIDENT**  
**REPORT FORM**

<table>
<thead>
<tr>
<th>CLAIM CODE/PHONE #</th>
<th>AGENCY CONTACT INFORMATION</th>
<th>AGENCY</th>
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**DATE OF ACCIDENT**  
**TIME OF ACCIDENT**  
**LOCATION ACCIDENT OCCURRED:**

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<tr>
<th>AM:</th>
<th>PM:</th>
<th>NE</th>
<th>NW</th>
<th>SE</th>
<th>SW</th>
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**STATE**

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<th>Street</th>
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**TYPE OF ACCIDENT**  
(check one)

- _00 Collision of vehicles_  
- _01 Collision with fixed object_  
- _02 On board school bus_  
- _03 Boarding/Alighting_  
- _04 Pedestrian_  
- _05 Fatality_

**TRAFFIC CONDITIONS**  
(check one)

- _00 Unknown_  
- _01 Heavy_  
- _02 Medium_  
- _03 Light_

**TRAFFIC CONTROLS**  
(check one)

- _00 Unknown_  
- _01 Yield Sign_  
- _02 Signal_  
- _03 Officer_  
- _04 Turn Restricted_

**ROAD SURFACE**  
(check one)

- _00 Unknown_  
- _01 Concrete_  
- _02 Asphalt_  
- _03 Light_  
- _04 Gravel_  
- _05 Dirt_  
- _06 Other_

**ROAD CONDITION**  
(check one)

- _01 Unknown_  
- _02 Repairing_  
- _03 Dry_  
- _04 Wet_  
- _05 Ice_

**ROAD TYPE**  
(check one)

- _00 Straight_  
- _01 Curve_  
- _02 Level_  
- _03 Grade_  
- _04 Crest_  
- _05 Underpass_  
- _06 Ramp_  
- _07 Bridge_  
- _08 Divided_  
- _09 Other: ___________

**LIGHT CONDITIONS**  
(check one)

- _00 Unknown_  
- _01 Dawn/Dusk_  
- _02 Dark_  
- _03 Daylight_

**STREET LIGHTS**  
(check one)

- _00 Unknown_  
- _01 Defective street light(s)_  
- _02 No street light(s)_  
- _03 Street light(s) on_  
- _04 Street light(s) off_

**WEATHER** (check ALL that apply)

- _00 Unknown_  
- _01 Fog/Mist_  
- _02 Clear_  
- _03 Rain_  
- _04 Snow_  
- _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  
No

**Vehicle Speed at time of impact:** ________ mph  
**Skid Mark Details:** ______________________

**Vehicle Driven Away:** Yes  
No  
**Vehicle left at scene:** Yes  
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_  
- _01 Defective brakes_  
- _02 Signal_  
- _03 Auto right of way_  
- _04 Pedestrian right of way_  
- _05 Improper Turn_  
- _06 Yield Sign_  
- _07 Stop/Go light_  
- _08 Flashing light_  
- _09 Directional light_  
- _10 Stop Sign_  
- _11 Alcohol influence_  
- _12 Improper passing_  
- _13 One way street-wrong way_  
- _14 Wrong side of street_  
- _15 Improper starting_  
- _16 Other Defects_  
- _17 Pedestrian Violation_  
- _18 Driver inattention_  
- _19 Changing lanes no caution_  
- _20 Failure to set parking brake_  
- _21 Opened door in traffic_  
- _22 Drug influence_  
- _23 Improper Backing_  
- _24 Road defects_  
- _25 Road defects_  
- _26 Driver vision obstructed_  
- _27 Other: ___________
**Claimant Information**

<table>
<thead>
<tr>
<th>Claimant (Last Name, First Name, M.I.)</th>
<th>Age</th>
<th>Sex</th>
<th>Estimated Damage</th>
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<th>Home Address</th>
<th>Business Address</th>
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<tr>
<th>Drivers License #/State</th>
<th>Home Phone #: ( ) -</th>
<th>Alternate Phone #: ( ) -</th>
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Was vehicle driven away? Yes or No
Was vehicle left at the scene? Yes or No
If towed, to where:

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<th>Tow Co. Info.</th>
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Vehicle Damaged: Yes or No
Speed at time of Impact: ________ mph
Skid Mark Details:

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<tr>
<th>INJURY CODE (check ALL that apply)</th>
<th>CLAIMANT CONDITION (check one)</th>
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<tbody>
<tr>
<td>00 Fatal</td>
<td>00 Fatigued</td>
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<tr>
<td>01 Disabling</td>
<td>01 III</td>
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<tr>
<td>02 Non-disabling</td>
<td>02 Physical defect</td>
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<tr>
<td>03 None</td>
<td>03 Asleep</td>
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<tr>
<td>04 Unknown</td>
<td>04 Normal</td>
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<tr>
<td>05 No visible injury</td>
<td>05 Unknown</td>
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<tr>
<td>06 complaint of pain/no visual injury</td>
<td>06 Ability Impaired</td>
</tr>
<tr>
<td>07 Ability not impaired</td>
<td>08 Fire engine</td>
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<td>09 Ambulance</td>
<td>09 Fixed Object</td>
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<td>10 Other:</td>
<td>11 Vendor Cart</td>
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<tr>
<th>TYPE OF VEHICLE (check one):</th>
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<tr>
<td>00 Passenger Auto</td>
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<tr>
<td>01 Bus</td>
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<td>02 Truck</td>
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<td>03 Trailer</td>
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<td>04 Unknown</td>
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<td>05 Taxi</td>
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<td>06 Motorcycle</td>
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<td>07 Bicycle</td>
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<td>08 Fire engine</td>
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<td>12 Other:</td>
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<th># of Passengers in Claimant Vehicle:</th>
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<tr>
<th>Do you have Collision Insurance?</th>
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<td>Yes</td>
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<th>Amount of Deductible $</th>
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**Additional Claimant Information**

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<th>Claimant (Last Name, First Name, M.I.)</th>
<th>Age</th>
<th>Sex</th>
<th>Estimated Damage</th>
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<th>Drivers License #/State</th>
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<th>Alternate Phone #: ( ) -</th>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Make: ________________________________
Vehicle Color: ________________________

<table>
<thead>
<tr>
<th>Body Style:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Was vehicle driven away? Yes or No
Was vehicle left at the scene? Yes or No
If towed, to where:

<table>
<thead>
<tr>
<th>Tow Co. Info.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Vehicle Damaged: Yes or No
Speed at time of Impact: ________ mph
Skid Mark Details:

<table>
<thead>
<tr>
<th>INJURY CODE (check ALL that apply)</th>
<th>CLAIMANT CONDITION (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 Fatal</td>
<td>00 Fatigued</td>
</tr>
<tr>
<td>01 Disabling</td>
<td>01 III</td>
</tr>
<tr>
<td>02 Non-disabling</td>
<td>02 Physical defect</td>
</tr>
<tr>
<td>03 None</td>
<td>03 Asleep</td>
</tr>
<tr>
<td>04 Unknown</td>
<td>04 Normal</td>
</tr>
<tr>
<td>05 No visible injury</td>
<td>05 Unknown</td>
</tr>
<tr>
<td>06 Ability Impaired</td>
<td>06 Ability not impaired</td>
</tr>
<tr>
<td>07 Ability not impaired</td>
<td>08 Fire engine</td>
</tr>
<tr>
<td>09 Ambulance</td>
<td>09 Fixed Object</td>
</tr>
<tr>
<td>10 Other:</td>
<td>11 Vendor Cart</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF VEHICLE (check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>00 Passenger Auto</td>
</tr>
<tr>
<td>01 Bus</td>
</tr>
<tr>
<td>02 Truck</td>
</tr>
<tr>
<td>03 Trailer</td>
</tr>
<tr>
<td>04 Unknown</td>
</tr>
<tr>
<td>05 Taxi</td>
</tr>
<tr>
<td>06 Motorcycle</td>
</tr>
<tr>
<td>07 Bicycle</td>
</tr>
<tr>
<td>08 Fire engine</td>
</tr>
<tr>
<td>09 Ambulance</td>
</tr>
<tr>
<td>10 Fixed Object</td>
</tr>
<tr>
<td>11 Vendor Cart</td>
</tr>
<tr>
<td>12 Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of Passengers in Claimant Vehicle:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have Collision Insurance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of Deductible $</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________</td>
</tr>
</tbody>
</table>
District of Columbia
Motor Vehicle Accident Report Form

Attachment C: Motor Vehicle Accident Form
Page 3 of 3
GOVERNMENT OF THE DISTRICT OF COLUMBIA
INITIAL/INCIDENT REPORT

NOTE: USE THIS FORM TO INITIALLY REPORT INCIDENTS. 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