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# CHAPTER 18

## MOTOR VEHICLE ACCIDENTS

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# CHAPTER 18

## MOTOR VEHICLE ACCIDENTS

### 18.00 INTRODUCTION

Provides information on the forms and reporting procedures that the driver or operator, and his/her supervisor, or responsible person in the chain-of-command, are responsible to do following a motor vehicle accident.

### 18.01 PURPOSE

Ensures uniform reporting and documentation of motor vehicle accidents.

### 18.02 POLICY STATEMENT

When an employee is involved in a motor vehicle accident while driving a state-owned, rented, or privately-owned vehicle on official state business he/she shall report the accident on the appropriate forms, and in a timely manner.

### 18.03 MOTOR VEHICLE ACCIDENTS REPORTING AND FORMS

The following describes what the driver or operator, and the supervisor of his/her chain-of-command, is responsible to do following a motor vehicle accident.

The State Administrative Manual (SAM), Section 2430, requires the employee, or operator of the vehicle, and the supervisor to comply with the following:

- The Caltrans driver **must** complete a Form STD. 269, by recording all pertinent information on the form before leaving the accident scene.
- The first section of the form is designed to be detached and given to the driver of the other vehicle or property owner.
- The Caltrans driver will transfer the information from the Form STD. 269 to a Form STD. 270 VEHICLE ACCIDENT REPORT.

Additionally, the operator must report all motor vehicle accidents and/or property damage accidents to his/her supervisor as soon as possible;

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When the other party inquires about insurance coverage, or insurance related questions, the Caltrans driver/operator should inform the other driver/property owner to direct their questions to the DGS, ORIM. Provide the other party the address and telephone number of the ORIM Claims Unit shown on the card.

If at any time following the accident, the driver/employee is served with any legal papers, ORIM Claims Unit should be called immediately.

### **Form STD. 269**

If the accident causes an injury to persons (other than a Caltrans employee), or involves damage to the property of others, the Caltrans driver must immediately call the ORIM. The Form STD. 269 ACCIDENT IDENTIFICATION CARD is a state form required by the DGS, (ORIM), and Caltrans management.

If an accident occurs on weekends or on holidays, it must be reported as soon as possible, but it is reported to a different telephone number. The specific contact numbers are identified on the STD. 269 card.

The purpose of the Form STD. 269 is to record pertinent information about the accident while still at the accident scene. The information on the Form STD. 269 is transferred onto a Form STD. 270. Within 48-hours, the accident must be reported to ORIM by mail or FAX on a Form STD. 270. **The Caltrans driver must complete a Form STD. 269 for all motor vehicle and/or motorized equipment accidents regardless of the ownership of the vehicle at the accident scene and the amount of damage.**

A copy of a Form STD. 269 should be located in the storage (glove) compartment of every state-owned vehicle. The form is an eight-sided, folded card, about 4 inches by 6 inches, printed back-to-back. If using your private vehicle or rental, a copy should be obtained and have available when you travel on state business.

If the driver is unable to complete the Form STD 269, the supervisor is responsible to complete the form for the employee, and ensure that the accident is reported to ORIM within 48-hours by mail or FAX on a Form STD. 270. If the supervisor is not available, a co-worker, or other person should ensure that the facts surrounding the accident are recorded on a Form STD. 269, and the form is sent to an appropriate member within the employee's chain-of-command who must report to ORIM within 48-hours by mail or FAX on a Form STD. 270.

After the information is transferred from the Form STD. 269 to the Form STD. 270, the supervisor may retain, or destroy their copy of the Form STD. 269.

The information on the Form STD. 269 should be considered as "confidential" and should be destroyed in the proper manner.

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A sample of Form STD. 269, ACCIDENT IDENTIFICATION CARD is shown at the end of this chapter

The Form STD. 269 is NOT a substitute for completing a Form STD. 270.

### **Form STD. 270**

The Caltrans driver must complete a Form STD VEHICLE ACCIDENT REPORT. 270 for all motor vehicle and/or motorized equipment accidents regardless of the ownership of the vehicle at the accident scene, amount of damage, or repair cost. A separate STD 270 must be completed for each state vehicle involved or damaged. The Form STD. 270 is a state form required by the DGS, ORIM, and Caltrans.

**WITHIN 48-HOURS, THE ACCIDENT MUST BE REPORTED TO ORIM BY MAIL OR FAX ON A FORM STD. 270, VEHICLE ACCIDENT REPORT.**

If the accident causes an injury to persons (other than a Caltrans employee), or involves damage to the property of others, the Caltrans driver must immediately call ORIM.

**NOTE:** A STD. 270 is required for equipment failures that cause an accident such as loading or unloading, towing, equipment failure or glass damaged by sand or an accumulation of scratches, but not for those times in which there is equipment failure or glass damage **only**.

**The most current version of the Form STD. 270 is available from supervisors, District or Headquarters Safety and Health Offices and the Caltrans Electronic Forms System on the Caltrans Intranet at**

**<http://10.112.5.23:8080/v2Forms/servlet/FormRenderer;jsessionid=86D6FEFBAF1A9E0E51806720EEC6A248?frmid=pms0270&distpath=safe&brapath=vehacc>**

### **Form PMS-S-270**

The purpose of the PMS-S-270, "Data Input For Motor Vehicle Accident" form is:

- To collect data that will identify the employee, the equipment, and detailed information describing the physical and environmental conditions surrounding the accident by establishing a computer file;
- To document the Accident Prevention Plan (shown on the reverse side) by having the supervisor and others review and discuss the details of the accident with the driver to select the root cause;

- 
- To document the preventability of the accident based upon Caltrans Vehicular Accident Classification Standards; and
  - To ensure that First Line Supervisors are taking necessary corrective or disciplinary action to avoid future accidents.

The following is instructions on how to file a Form PM-S-0270:

- Based upon the information provided by the driver/operator, and after completing an investigation, the first-line supervisor fills out the front of the form. All boxes describing physical and environmental conditions must be completed;
- Supervisors are responsible to ensure that all of the data fields have been reviewed and all the information on the computer input document is complete and accurate. If you need assistance, call your local Health and Safety Office;
- After completing the front of the form, the first-line supervisor shall review the back side of the form and select the appropriate “preventability” that best fits the circumstances surrounding the accident;
- After selecting the accident classification, the first-line supervisor shall complete the lower section of the form by filling out the Accident Prevention Plan as shown on the reverse side of the form; and
- The second-line supervisor shall review the first-line supervisor's comments and indicate his/her agreement or disagreement with the first-line supervisor's recommendations and corrective actions. Subsequent levels of review shall include the District/Headquarters Safety and Health Officer.

The form must be filled out to ensure that an accident has been properly documented and included in the SIMS computer data base. The form is only for internal Departmental use by the District/Headquarters Safety and Health Office staff

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#### 18.04 RESPONSIBILITIES OF FIRST AND SECOND-LINE SUPERVISORS

Responsibilities of the **First-line Supervisor** are as follows:

- Ensure the employee is provided with medical care, Workers' Compensation forms (Chapter 10), and notify Cal-OSHA if needed (Chapter 19);
- Obtain copies of accident reports prepared by the California Highway Patrol (CHP) or reports prepared by local police jurisdictions. He or she may obtain these reports as an "interested party" and at no cost. **Do not delay submitting a Form STD 270 within 48 hours to ORIM.** Police reports and other documents may be obtained at a later date. Copies of the report(s) shall be given to the District Claims Officer or District/Headquarters Safety and Health Officer, who will arrange for the police report to be sent to the DGS, ORIM;
- Ensure all motor vehicle accidents are promptly investigated, documented, and properly reported to their chain-of command and the Safety Office;
- Ensure the employee understands when and how to complete the Form STD. 269 and Form STD. 270. Should the driver be unable to do so, the supervisor shall fill out the form(s);
- Review the completed Form STD. 270, VEHICLE ACCIDENT REPORT, analyze the information, determine the basic cause, and sign as Reviewing Officer (see section 18.05);
- Check the driving history of the affected employee to see if he/she has had any recent accidents that may influence the supervisor's decision to consider training and/or disciplinary action;
- Complete the Form PM-S-0270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT. Make comments regarding appropriate corrective action taken to prevent similar accidents, determine and assign "preventability";
- Classify the accident as either preventable or non-preventable on the STD. 270; and
- Prepare and/or cooperate with notifying the employee if the accident is determined to be "preventable" as the employee may be denied benefits and/or awards.
- The supervisor or person having charge over the state vehicle is responsible to complete STD 270 for acts of vandalism or damage sustained while parked if vehicle was not currently assigned to other employee at the time of damage.

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Responsibilities of the **Second-Line Supervisor** are as follows:

- Review Form STD. 270, VEHICLE ACCIDENT REPORT, and Form PM-S-270, DATA INPUT FOR MOTOR VEHICLE ACCIDENT for completeness and any corrective action;
- Discuss the driving history of the affected employee with the first-line supervisor to see if he/she has had any recent accidents that may impact what disciplinary action may be appropriate; and
- Forward the original copy of the Form STD. 270, and the Form PM-S-0270, to the District Safety and Health Office for accidents involving District employees, and to the Headquarters Office of Safety and Health for employees assigned to Headquarters sourced units. **If he/she is an Equipment Shop employee, send the original form directly to the Headquarters Safety Office and a copy to the appropriate District Safety Office.**

Responsibilities of the **District or Headquarters Safety and Health Officer** are as follows:

- Review the Form STD. 270, VEHICLE ACCIDENT REPORT, analyze the information, and determine the basic cause of the accident;
- Review the comments/recommendations by the first and second-line supervisors to ensure it is appropriate, correct, and “preventability” has been determined and assigned. The Headquarters Office of Safety and Health and the District Safety Officers have final authority to determine the “preventability” assigned to any accident or to any employee;
- Notify the first and second-line supervisor if there is disagreement about “preventability” he/she may have selected and assigned to a specific accident;
- The District or Headquarters Office of Safety and Health staff will arrange for the reports to be sent to the DGS, ORIM. This state agency acts as the Department’s insurance adjusting agent in vehicle accident claims and related insurance procedures; and
- Input accident information from the 270 into the Safety Information Management System.

## 18.05 MOTOR VEHICLE ACCIDENT CLASSIFICATIONS

The following defines the Caltrans Vehicular Accident Classification system.

For the purpose of this manual, a “motor vehicle” is defined as either a state-owned (Caltrans or General Services), privately-owned, or commercial rental motor vehicle being operated by a state employee while on official state business.

“Equipment” is defined as motorized construction equipment or equipment used in the construction and/or maintenance of highways typically operated by Caltrans.

“Other vehicles” are defined as a non-state employee/adverse party owned vehicle or property involved in an accident resulting in personal injury or property damage.

## 18.06 PREVENTABLE ACCIDENTS

A preventable accident is defined as an accident that the driver/operator could have reasonably prevented.

This interpretation of a preventable accident imposes on each driver the positive duty of doing all that can be done within reason under the particular circumstances to avoid accidents. The driver is expected to carefully anticipate emergency situations, drive defensively, and to make every possible effort to avoid accidents.

Preventable accidents are caused by driver error or an imprudent act when the state driver/operator fails to take the "**last clear chance**" to avoid the accident. Except for accidents involving mechanical failure, the decision as to whether the accident is preventable is to be based solely on whether or not the driver exercised prudent and careful judgment. Did the driver attempt to avoid the accident regardless of any legal rights (such as right-of-way at intersection) to which he/she may have been entitled under the Vehicle Code?

If the driver fails to take the "**last clear chance**" to avoid an accident, the accident is preventable regardless of the question of primary responsibility for the accident. The test to be applied is one of preventability, taking all facts and circumstances under consideration.

**18.07 NON-PREVENTABLE ACCIDENTS**

A non-preventable accident is defined as an accident that occurred with the vehicle/equipment and the state driver or operator did exercise prudent and careful judgment in an attempt to avoid the accident.

Generally, driver error or an imprudent act of the other driver causes these accidents, where the state driver/operator has no control over the acts of others.

**18.08 NOTIFICATION OF PREVENTABLE ACCIDENT AND THE EMPLOYEE'S RIGHT TO APPEAL**

Employees who are charged with a preventable accident shall be notified in writing by the District or Headquarters Safety and Health Officer.

Since they may be denied benefits and/or awards, Bargaining Unit 12 employees have an appeal process described in their Memorandum of Understanding (MOU). The appeal may be prepared by the supervisor, branch chief, region manager, etc.

APPENDIX "A"

MOTOR VEHICLE ACCIDENTS

SEPTEMBER 2009

18-10

**ACCIDENT IDENTIFICATION**

**FORM STD. 269**

NAME STREETS OR ROADS — SHOW TROLLEY TRACKS, DIRECTION AND POSITION OF ALL VEHICLES IN ACCIDENT.

STATE OF CALIFORNIA

**ACCIDENT IDENTIFICATION**  
STD. 269 (Rev. 5/97)

**IMPORTANT**

Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.

DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

DEPARTMENT EMPLOYED BY \_\_\_\_\_

DATE AND LOCATION OF ACCIDENT \_\_\_\_\_

YEAR AND MAKE OF STATE VEHICLE \_\_\_\_\_

LICENSE NUMBER OF STATE VEHICLE \_\_\_\_\_

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO

**OFFICE OF RISK AND INSURANCE MANAGEMENT**  
**DEPARTMENT OF GENERAL SERVICES**  
1325 J STREET, SUITE 1800  
SACRAMENTO, CA 95814 [(916) 322-0459]

**ACCIDENT DATA**

COUNTY \_\_\_\_\_ APPROXIMATE ROAD WIDTH \_\_\_\_\_

CITY \_\_\_\_\_ DISTANCE FROM CURB \_\_\_\_\_

DATE \_\_\_\_\_

HOUR \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

LOCATION (ADDRESS, INTERSECTION, ETC.) \_\_\_\_\_

Subs  
com  
plaint  
Servi  
rame  
of se  
includ  
servic

COM  
C

THIS FORM IS AN EIGHT (8) SIDED, 4"X 6" FOLDED CARD, PRINTED BACK-TO-BACK. ALL SIDES OF THE FORM ARE NOT SHOWN.

**VEHICLE ACCIDENT REPORT - SIDE 1**  
**FORM STD. 270 (Caltrans)**

STATE OF CALIFORNIA <b>VEHICLE ACCIDENT REPORT</b> STD. 270 (REV. 03/2000)		<i>THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT (ACCIDENTS INVOLVING INJURY SHOULD BE FIRST CALLED OR FAXED TO ORIM AT (916) 322-0459 - CALNET 492-0459 - FAX (916) 322-6006). * CONFIDENTIAL INFORMATION * DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE OFFICE OF RISK AND INSURANCE MANAGEMENT</i>		DISTRIBUTION: ORIGINAL - <b>District or Headquarters Office of Safety and Health</b>	
ACCIDENT PREVIOUSLY REPORTED TO ORIM? (If yes, give date) <input type="checkbox"/> YES <input type="checkbox"/> NO _____				Page _____ of _____	
STATE DRIVER	NAME		AGE	EMPLOYING DEPARTMENT <b>CALTRANS -</b>	
	DRIVER'S LICENSE NO.	ACCIDENT DATE	TIME	OFFICE ADDRESS	
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (If NO, attach explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO			AGENCY BILLING CODE	
	APPROXIMATE DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING _____ Month/Year <input type="checkbox"/> NOT TAKEN			AGENCY DOCUMENT NO. <b>District/Cost Center</b>	
STATE VEHICLE	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL		VEHICLE OWNER	
	BRIEFLY DESCRIBE DAMAGES TO STATE VEHICLE		ESTIMATED REPAIR COST	<input type="checkbox"/> DEPT OWNED <input type="checkbox"/> DGS POOL <input type="checkbox"/> RENTAL <input type="checkbox"/> EMPLOYEE OWNED IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME	
ACCIDENT DETAILS <small>(See Reverse for Diagram and Description)</small>	ACCIDENT LOCATION (Address/Area)			ROAD CONDITIONS	
	(City/State)			WEATHER CONDITIONS	
	(County)			TRAFFIC CONDITIONS	
	POLICE REPORT MADE <input type="checkbox"/> YES <input type="checkbox"/> NO			HOW FAST WERE YOU DRIVING	
	AGENCY <input type="checkbox"/> CHP <input type="checkbox"/> OTHER			EST. SPEED OF OTHER CAR	
	NAME AND ADDRESS OF INVESTIGATING AGENCY				
OTHER VEHICLE	DRIVER'S NAME	AGE/DOB	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL	No OF PASSENGERS
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER	
	DRIVER'S ADDRESS (Street, City, State, Zip Code)			OWNER'S ADDRESS	
				HOME TELEPHONE	
				WORK TELEPHONE	
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME AND ADDRESS OF OTHER PARTY'S INSURANCE COMPANY		
INJURED	NAME		AGE	ADDRESS	HOSPITAL
	NAME		AGE	ADDRESS	HOSPITAL
WITNESS	NAME		TELEPHONE	ADDRESS	
	NAME		TELEPHONE	ADDRESS	
VEHICLE PASSENGERS	STATE		NAME		
	STATE		NAME		
	OTHER		NAME		
	OTHER		NAME		

(CONTINUED ON REVERSE)

**VEHICLE ACCIDENT REPORT - SIDE 2**  
**FORM STD. 270 (Caltrans)**

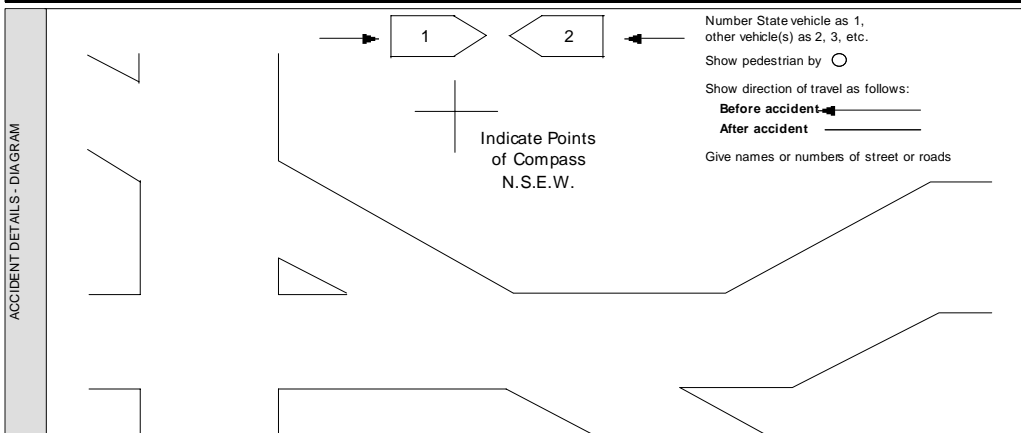
STATE OF CALIFORNIA  
**VEHICLE ACCIDENT REPORT**  
STD. 270 (REV. 03/2000) (REVERSE)

\* **CONFIDENTIAL INFORMATION** \*  
DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF  
THE OFFICE OF RISK AND INSURANCE MANAGEMENT

STATE FULLY HOW ACCIDENT OCCURRED (Give Details, attached additional sheets if necessary)

ACCIDENT DETAILS - DESCRIPTION

**Sample**



ADDITIONAL VEHICLE/PASSENGERS)	DRIVER'S NAME		AGE/DOB	VEHICLE LICENSE NO.	VEHICLE YEAR, MAKE, MODEL
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER	
	DRIVER'S ADDRESS (Street, City, State, Zip Code)			ADDRESS (Street, City, State, Zip Code)	HOME TELEPHONE
					WORK TELEPHONE
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY				NAME AND ADDRESS OF OTHER PARTY'S INSURANCE COMPANY	

ADDITIONAL INJURED	NAME	AGE	ADDRESS	HOSPITAL
	NAME	AGE	ADDRESS	HOSPITAL
PASSENGER	NAME	TELEPHONE	ADDRESS	
	NAME	TELEPHONE	ADDRESS	

The answers in this report contain a true and full account of the accident, and the vehicle was being operated on official business of the state at the time of the accident. Attach extra pages as necessary.

Employee Signature and Date	Supervisor Signature and Date	Print Supervisor Name and Title
		Supervisor or Telephone Number

DATA INPUT FOR MOTOR VEHICLE ACCIDENT-SIDE 1

FORM PM-S-0270

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**DATA INPUT FOR MOTOR VEHICLE ACCIDENT**  
 PM-S-0270 (REV. 5/95)

**CONFIDENTIAL**  
This document contains personal information and pursuant to Civil Code 17982.11 shall be kept confidential in order to protect against unauthorized

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**ACCIDENT INFORMATION**  
*(This Form to be completed by First Line Supervisor)*

DATE OF ACCIDENT	TIME (24 Hour)	CALTRANS EMPLOYEE INJURED? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ACCIDENT NUMBER</b>
OTHER CALTRANS VEHICLE(S) INVOLVED? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>M -</b>

ACCIDENT DESCRIPTION (Briefly describe Accident - Provide Details not included below)

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WAS A POLICE REPORT FILED?  Yes  No IF YES, ENTER FROM TOP OF POLICE REPORT\*\*

**EMPLOYEE INFORMATION**

LAST	FIRST	MI	SEX	DATE OF HIRE
SOCIAL SECURITY NUMBER		BIRTHDATE	DRIVER LICENSE NUMBER	
CLASS CODE		MTCE ACTIVITY NUMBER	EMPLOYMENT STATUS (Check one)	
		<input type="checkbox"/>	<input type="checkbox"/> PFT <input type="checkbox"/> PI <input type="checkbox"/> LT <input type="checkbox"/> PPT <input type="checkbox"/> TAU <input type="checkbox"/> SPP <input type="checkbox"/> RA <input type="checkbox"/> SA <input type="checkbox"/> †CE	
DISTRICT NUMBER	UNIT/COST CENTER*	ITEM NUMBER	C-NUMBER	LICENSE NUMBER
				ESTIMATED REPAIR COST

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**DETAILED INFORMATION**  
*(Circle one appropriate for each Category)*

<b>A. WEATHER</b> 01 CLEAR 02 CLOUDY 03 FOG 04 RAIN 05 SNOW 06 WIND  <b>B. VISIBILITY</b> 01 OVER 1/2 MILE 02 LESS THAN 1/2 MILE 03 LESS THAN 100 YARDS  <b>C. ROAD CONDITION</b> 01 DRY 02 WET 03 SNOW/ICE 04 SLIPPERY (MUDDY, OILY, ETC) 05 NOT A FACTOR  <b>D. PREVENT AVAILABILITY</b> 01 BY DRIVER 02 NON PREVENTABLE 03 BY OTHER CALTRANS EMPLOYEE 04 BY CALTRANS MANAGEMENT 05 BY PRIVATE PARTY	<b>I. PROTECTIVE BELT IN USE</b> 01 LAP BELT 02 SHOULDER HARNESS 03 BOTH LAP BELT & SHOULDER HARNESS 04 NONE USED  <b>J. GENERAL LOCATION</b> 01 CITY STREET 02 CONVENTIONAL HIGHWAY 03 CONSTRUCTION 04 FREEWAY 05 FREEWAY RAMP OR CONNECTOR 06 LANE OR SHOULDER CLOSURE 07 PRIVATE STREET 08 RURAL ROAD 09 STATE YARD OR PRIVATE DRIVE 10 TUNNEL OR TUBE 11 MAINTENANCE AREA	<b>M. DRIVERS CONDITION</b> <b>ST. OTH.</b> 01 01 NORMAL 02 02 DRUG/ALCOHOL IMPAIRED 03 03 ILL 04 04 SLEEPY OR FATIGUED 05 05 INATTENTIVE 06 06 OTHERWISE IMPAIRED  <b>N. MOVEMENT PROCEEDING COLLISION</b> 01 STOPPED 02 PROCEEDING STRAIGHT 03 RAN OFF ROAD 04 MAKING RIGHT TURN 05 MAKING LEFT TURN 06 TURNING URTURN 07 BACKING 08 SHUTTLING 09 STOPPING 10 STOPPING 11 STOPPING 12 STOPPING 13 CHANGE LANE 14 PARKING MANEUVER 15 ENTERING TRAFFIC 16 EVASIVE MANEUVER 17 CROSSING INTO OPPOSING LANE 18 PARKED 19 MERGING 20 TRAVELING WRONG WAY 21 LOST CONTROL	<b>P. MOTOR VEHICLE INVOLVED WITH</b> 01 NON COLLISION 02 PEDESTRIAN 03 OTHER MOTOR VEHICLE 04 MOTOR VEHICLE ON OTHER ROADWAY 05 TRAIN 06 BICYCLE 07 ANIMAL 08 FIXED OBJECT 09 RUNAWAY VEHICLE  <b>Q. PEDESTRIAN INVOLVEMENT</b> 01 NO PEDESTRIAN INVOLVED 02 CROSSING IN CROSSWALK 03 CROSSING NOT IN CROSSWALK 04 WALKING ALONG ROADWAY  <b>R. ACCIDENT CLASS</b> (SEE REVERSE FOR DETAILS) 01 I(a) 02 I(b) 03 II(a) 04 II(b) 05 II(c) 06 III
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IF 03 IS CIRCLED ENTER EMPLOYEE'S SOCIAL SECURITY NUMBER  
 \_\_\_\_\_

**E. VEHICLES**  
 01 SOLO  
 02 TWO OR MORE MOVING VEHICLES  
  
**F. TYPE OF VEHICLE**  
 01 STATE  
 02 PRIVATE  
 03 RENTAL  
  
**G. VEHICLE FUNCTION**  
 01 EQUIPMENT  
 02 TRANSPORT PER SONNEL  
 03 TRANSPORT EQUIPMENT  
 04 TRANSPORT MATERIAL  
 05 SNOW REMOVAL  
 06 SHADOW  
 07 BARRIER  
 08 ADVANCE WARNING  
  
**H. CRASH CUSHION**  
 01 HIT  
 02 NOT HIT  
 03 NOT APPLICABLE

**L. BASIC CAUSE**  
**ST. OTH.**  
 01 01 EXCESSIVE SPEED  
 02 02 FOLLOWING TOO CLOSE  
 03 03 IN WRONG LANE  
 04 04 AVOIDING AUTO OR OBJECT  
 05 05 IMPROPERLY PARKED  
 06 06 IMPROPER BACKING  
 07 07 DISREGARD OF SIGNS, SIGNALS ETC.  
 08 08 FAILURE TO OBSERVE CONDITIONS  
 09 09 POOR JUDGEMENT  
 10 10 IMPROPER OPERATION OF VEHICLE  
 11 11 UNKNOWN  
 12 12 BLOCKED VISION  
 13 13 DEFECTIVE EQUIPMENT  
 14 14 LOST LOAD

**O. TYPE OF COLLISION**  
 01 HEAD ON  
 02 SIDESWIPE  
 03 HIT IN REAR  
 04 BROADSIDE  
 05 HIT OBJECT  
 06 OVERTURNED  
 07 VEHICLE/PEDESTRIAN  
 08 HIT REAR OF OTHER

**\*ENTER THE UNIT NUMBER THE EMPLOYEE WAS CHARGED TO AT THE TIME OF THE ACCIDENT**  
  
**\*\*THIS INFORMATION IS INCLUDED TO ENABLE COMPARISON OF SUPERVISOR'S REVIEW TO THAT OF LAW ENFORCEMENT OFFICER**  
  
**† INCLUDED FOR TRACKING PURPOSES ONLY**

This Form must be certified correct by the Safety Officer before Data Input  Certified correct O.K. for Data Entry

SAFETY OFFICER'S SIGNATURE \_\_\_\_\_

ENTERED BY (Initial) \_\_\_\_\_ DATE \_\_\_\_\_

