

The City of
SAN DIEGO 
**SAN DIEGO FIRE-RESCUE
DEPARTMENT
VEHICLE INCIDENT PACKAGE**

Did Incident:	a. Occur on City property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Damage only to City property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. Non-injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is "YES" to all three, PD contact and PD report is NOT required.

IN CASE OF A VEHICLE INCIDENT OR
INDUSTRIAL INCIDENT,
COMPLETE THE ENCLOSED FORMS:

CD-1551 – EMPLOYEE VEHICLE /INDUSTRIAL INCIDENT DAMAGE REPORT
OPERATOR OF VEHICLE MUST COMPLETE THIS FORM

CD-1555 – SUPERVISOR VEHICLE /INDUSTRIAL INCIDENT INVESTIGATION REPORT
SUPERVISOR MUST COMPLETE THIS FORM

DOCUMENTS MUST BE FILLED OUT, TYPED AND COMPLETED ON ELECTRONIC FORMS
ELECTRONIC FORMS CAN BE FOUND ON (VECTOR SOLUTIONS, M-DRIVE OR WEB PORTAL)

Driver/Operator must submit CD-1551 to supervisor within 72 hours

**Supervisor must submit CD-1555 along with any supporting documentation to Battalion Chief
or appropriate supervisor within seven calendar days of incident notification date.**

DIRECT QUESTIONS TO THE DRIVER TRAINING OFFICER AT (619) 692-4981

DELIVER COMPLETED, SIGNED AND DATED FORMS AND PHOTOS TO:

**PROFESSIONAL STANDARDS UNIT
MS 601**

VEHICLE INCIDENT DOCUMENTATION

UNIFORMED AND NON-UNIFORMED PERSONNEL ARE TO UTILIZE THE FOLLOWING GUIDELINES WHEN INVOLVED IN A VEHICLE OR INDUSTRIAL INCIDENT IN A SDFD/LIFEGUARD VEHICLE OR PRIVATE VEHICLE (POV) ON AUTHORIZED CITY BUSINESS.

WHEN A FIRE DEPARTMENT OR LIFEGUARD VEHICLE IS INVOLVED IN A VEHICLE INCIDENT

1. THE DRIVER/OPERATOR OR OFFICER IN CHARGE SHALL NOTIFY ECDC OR LCC DISPATCH AND PROVIDE THE FOLLOWING INFORMATION:
 - A. NATURE OF INCIDENT (INJURY OR NON-INJURY, NATURE OF INJURIES AND THE NUMBER INJURED)
 - B. EQUIPMENT INVOLVED (UNIT ID) AND APPARATUS NUMBER
 - C. EXACT LOCATION
 - D. TYPE OF ASSISTANCE NEEDED (ADDITIONAL ENGINE AND AMBULANCE, TOW TRUCK, OR DUTY MECHANIC)
 - E. EXTENT OF DAMAGE
 - F. TIME OF INCIDENT
2. FIRE DEPARTMENT- ECDC WILL NOTIFY:
 - A. BATTALION CHIEF OF UNIT INVOLVED
 - B. BATTALION 36 (LOGISTICS BATTALION CHIEF)
 - C. SHIFT COMMANDER
 - D. HEALTH AND SAFETY OFFICER PAGING GROUP (WITH INJURIES)
 - E. BATTALION CHIEF WHERE INCIDENT OCCURRED (WITH INJURIES)
 - F. LAW ENFORCEMENT (IF THERE ARE INJURIES, OR DIDN'T OCCUR ON CITY PROPERTY, OR DAMAGE ISN'T LIMITED TO CITY PROPERTY)
 - G. IF INCIDENT INVOLVES A NON-FIRE DEPARTMENT VEHICLE, THAT DEPARTMENT WILL BE NOTIFIED.
3. LIFEGUARDS- LCC WILL NOTIFY:
 - A. ON-DUTY MARINE SAFETY LIEUTENANT (LT)
 - B. MARINE SAFETY CAPTAIN
 - C. IMMEDIATE SUPERVISOR OF PERSON(S) INVOLVED IN THE INCIDENT
 - D. LAW ENFORCEMENT (IF THERE ARE INJURIES, OR DIDN'T OCCUR ON CITY PROPERTY, OR DAMAGE ISN'T LIMITED TO CITY PROPERTY)

A PROOF OF INSURANCE MEMO IS INCLUDED IN THIS PACKAGE FOR PRESENTATION AS REQUIRED BY LAW.

BATTALION CHIEFS, MARINE SAFETY LIUTENANT, MARINE SAFETY CAPTAIN, AND AMBULANCE PROVIDER SUPERVISORS WILL BE RESPONSIBLE FOR TAKING PHOTOGRAPHS OF THE INCIDENT SCENE. PERSONNEL SHALL MAKE NO STATEMENTS, VERBAL OR WRITTEN, TO ANYONE EXCEPT INVESTIGATORS FROM RISK MANAGEMENT, POLICE AND SDFD/LIFEGUARD OFFICIALS.

VEHICLE & INDUSTRIAL INCIDENT PROCESSING

PROCEDURES FOR BC's/SUPERVISORS

1. Respond to incident location
2. Ensure scene safety and medical care has been appropriately managed by crews on scene
3. Determine if incident requires a police report and documentation.
 - a. Captains can make these decisions but might want BC input.
 - b. Police Report Required when:
 - i. Injury or
 - ii. Damage to private property or
 - iii. Incident occurred on private property
 - c. Documentation Required when:
 - i. Contact was made and there is any damage or
 - ii. Contact was made (No New Damage) and you think documentation will help defend the Department's position.
4. Take pictures
 - a. Vehicles: all four sides of each vehicle involved, ensure license plate and apparatus numbers are photographed for all vehicles, include all damage (new and existing) to apparatus/vehicles
 - b. Streets/Intersections
 - c. Anything pertinent to the incident
5. Collect all Incident forms within seven calendar days from the incident notification date.
 - a. All documents (**CD-1551** and **CD-1555**) must be typed
 - i. Forms are found:
 1. M-Drive: >FORMS >Blank Forms >CD
 2. Vector Solutions: Training Division >Driver Training and Apparatus Information >Incident (Vehicle) Information >Incident Forms
 3. Web Portal: >Forms
 - b. Sketches can be hand drawn
 - c. Review to ensure forms are accurate signed and dated
6. Documents
 - a. **CD-1551**- Employee Vehicle / Industrial Incident Damage Report
 - i. Each person that may have contributed to the accident needs to complete
 - ii. For example, backers or other personnel that are guiding the apparatus.
 - b. **CD-1555**- Supervisor Vehicle / Industrial Incident Investigation Report
 - i. BC's to complete if the Captain was a backer/spotter and/or might have contributed to the incident.
 - ii. A separate CD-1555 must be completed for each CD-1551 that is submitted
7. Email completed forms and pictures to:
SDFDVehicleAccidents@sandiego.gov
8. Hard copies of completed forms and pictures to PSU Admin Aide, MS 601

VEHICLE AND INDUSTRIAL INCIDENT PROCEDURES FOR DRIVERS/BACKERS/SPOTTERS

1. If there is contact between your city vehicle or privately owned vehicle (POV) on city business and anything else, then:
 - a. Stay at scene
 - b. Notify your Supervisor immediately, who will report to the incident location
 - c. Supervisor will determine if an incident has occurred, the driver cannot make this determination
 - d. BC/Supervisor will take all the necessary photographs of the incident
2. Police Report
 - a. Required if:
 - 1) Injury, or
 - 2) Damage to private property, or
 - 3) Incident occurred on private property.
 - b. Considered if:
 - 1) Official report can help driver's position in the incident review process
 - 2) For example, you have contacted another vehicle, it is the other party's fault, and there is only damage to city property.
3. Documentation
 - a. All forms in the vehicle incident envelope are for use in-the-field.
 - b. Transfer all information to the form fillable digital forms (must be typed).
 - c. Forms are found:
 - 1) M-Drive: >FORMS >Blank Forms >CD
 - 2) Vector Solutions: Training Division >Driver Training and Apparatus Information >Incident (Vehicle) Information >Incident Forms
 - 3) Web Portal: >Forms
 - d. Sketches can be hand drawn.
 - e. **CD-1551** Employee Vehicle/Industrial Incident Damage Report
 - 1) Each person that may have contributed to the incident needs to fill one out.
 - a) For example, the driver, the backers, or any other personnel guiding the apparatus, must each complete a CD-1551
 - f. **CD-1555** Supervisor Vehicle/Industrial Incident Investigation Report
 - 1) A separate CD-1555 is to be filled out for each CD-1551 submitted.
 - 2) For example:
 - i. The captain is the backer and the driver hits something while backing
 - ii. The driver completes a CD-1551, and the captain would fill out a CD-1555 as the supervisor
 - iii. The captain (as the backer) also completes a CD-1551 and the BC would complete CD-1555 as the supervisor
4. Ensure forms are completely filled out (typed), signed and dated
5. Completed documentation must be submitted to the supervisor within 72 hours of the incident



CITY OF SAN DIEGO

Employee Vehicle/Industrial Incident Damage Report

"MAKE NO STATEMENTS EXCEPT TO CITY OF SAN DIEGO OFFICIALS"

Distribution
Submit form to your supervisor
within forty-eight (48) hours of
incident. SDFD Local 145 members
follow standard instruction (S.I.).

Date of Incident	Time of Incident	City Employee's Name (Check One and Print Name Below) Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Backer <input type="checkbox"/> Spotter <input type="checkbox"/> Other <input type="checkbox"/>	Employee PERNR#	Equipment Apparatus#	Vehicle License Plate#	Driver License# and Class

Are You a City Employee Operating a City Vehicle: Yes No If not explain: _____

Department: _____ Division: _____ Job Class: _____

Supervisor: _____ Phone# _____ Cell# _____

Address/Location of Incident: _____

Number of days worked this week: _____ Number of hours worked this shift: _____ Continuous hours worked: _____

Describe Incident (narrative required): _____

Describe Damage: _____

_____ (Use back of report to draw the incident and damage)

Dispatch Notified: Yes No If No explain: _____

Passenger(s): #1 _____ #2 _____ #3 _____

Witnesses: No Yes

#1 _____ Phone# _____

#2 _____ Phone# _____

Injuries: No If Yes describe: _____

Other parties involved: No If Yes, fill out the information for all parties involved.

#1 Name: _____ Phone# _____ Driver License# _____

Address: _____

Insurance Carrier: _____ Vehicle Make: _____ Model: _____ Year: _____ Lic.# _____

#2 Name: _____ Phone# _____ Driver License# _____

Address: _____

Insurance Carrier: _____ Vehicle Make: _____ Model: _____ Year: _____ Lic.# _____

City Driver Signature: _____ Date: _____

Date CD-1551 submitted to Supervisor: _____

Screener to scan a copy of this CD-1551 within ten (10) calendar days of incident to CD Safety Division. Date scanned to CD: _____

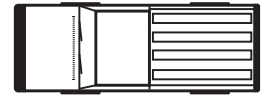
Employee Must Complete the Diagram

Use the area below to sketch or draw incident scene (attach separate sheet for "Off Public Right-of-Way" incidents)

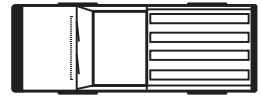
Symbols for Sketch	
Parked	
Forward	
Backing	

Indicate North with Arrow in Circle

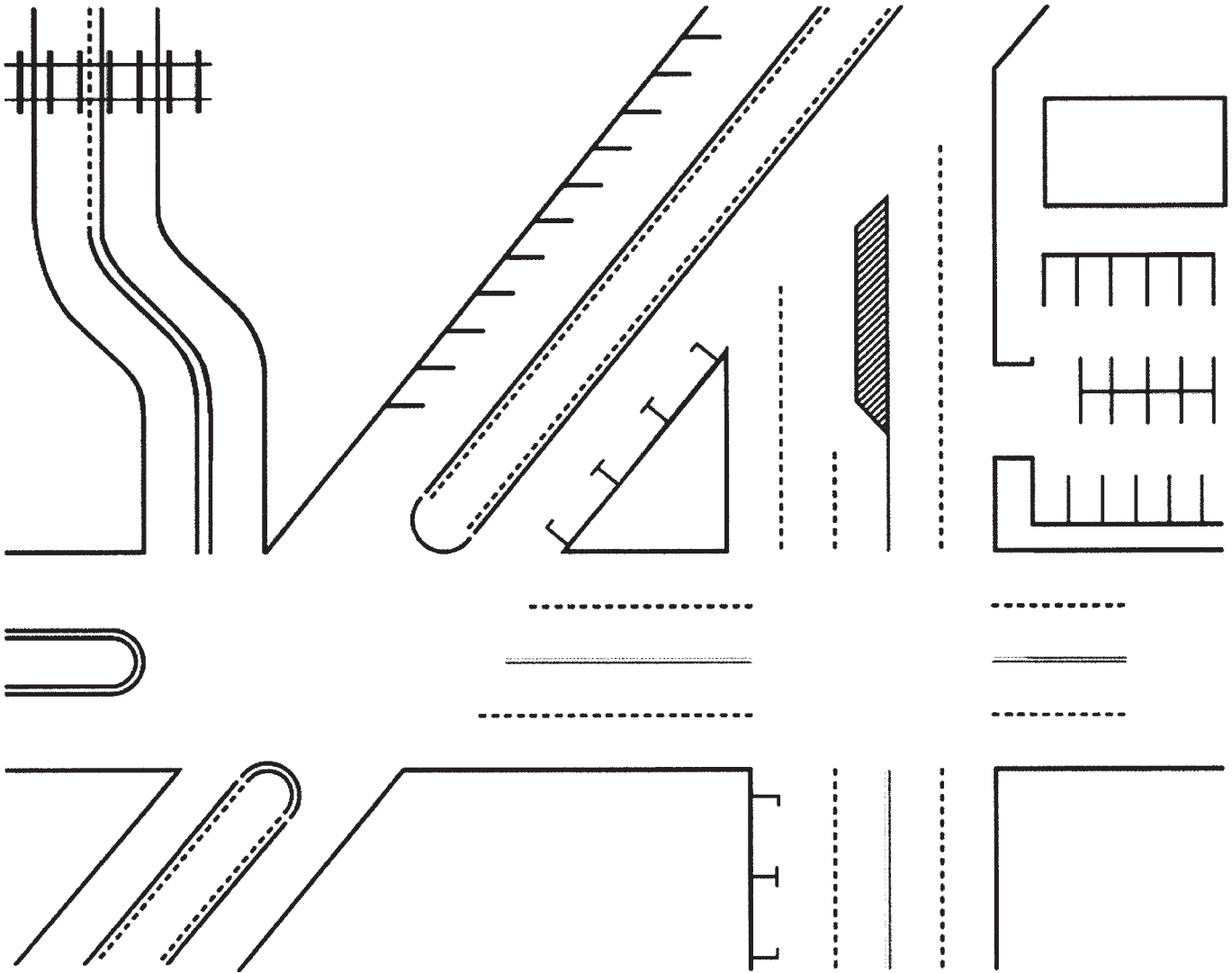
Please indicate vehicle type(s) (City, POV, Citizen, etc.) and circle all damaged areas related to this incident.



Vehicle



Vehicle



Be sure to note traffic control signs and signals, road names, key landmarks, etc.



CITY OF SAN DIEGO
Supervisor Vehicle/Industrial Incident Investigation
Report for Police, Fire-Rescue and Lifeguards

Distribution
 Submit this form and CD-1551 to your department Screener within seven (7) days of the receipt of CD-1551. SDFD follow Standard Instructions (S.I.).

*REMINDER. Commercial Drivers, follow the Post-Accident Testing Criteria.
 All supervisor's if there is suspicion the employee is under the influence, contact SDPD for assistance.*

Date of Incident	Time of Incident	City Employee's Name (Check One and Print Name Below) Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Backer <input type="checkbox"/> Spotter <input type="checkbox"/> Other <input type="checkbox"/>	Employee PERNR#	Equipment Apparatus#	Vehicle License Plate#	Driver License# and Class
Date Reported						

City Vehicle Make: _____ Model: _____ Year: _____

Incident Properly Reported: Yes No Photos Taken: Yes No Authorized to Drive Vehicle: Yes No

Collision Report Taken: Yes No Agency: _____ Officer ID# _____ Collision Report Event #: _____

Did Incident:
 a. Occur on City property: Yes No
 b. Damage only to City property: Yes No
 c. Non-injury: Yes No
If the answer is "Yes" to ALL three, PD contact and a PD report is NOT required.

SDPD VEHICLES ONLY: Code 3: Yes No
 If Yes, include Responding Incident or Event #: _____
 PD:# _____

SDFD VEHICLES ONLY: Code 3: Yes No
 If Yes, include Responding Incident or Event #: _____
 FD:# _____

Department: _____ Division: _____ MS# _____

Supervisor's name filling out this report (Print): _____ Phone# _____

Address/Location of Incident: _____

Were any injuries reported at the scene by: Employee(s): Yes No Public: Yes No

Employee Vehicle was: Parked Proceeding Forward Stopped in Traffic Left Turn Right Turn Backing

Changing Lanes Preparing to Stop Other: _____

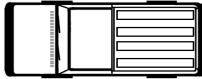
Road Conditions: Dry Wet Off Road Weather Conditions: Clear Cloudy Rainy Fog/Mist Dark

Investigating Supervisor (Narrative Required) _____

▼ Use this area to sketch or draw incident

○ Indicate North with **Arrow in Circle**

Please indicate vehicle type(s) (City, POV, Citizen, etc.) and circle all damaged areas related to this incident.

_____ Vehicle _____ Vehicle

Investigating Supervisor Name: _____ Signature: _____ Date: _____

**Vehicle/Industrial Incident Processing Form for Police, Fire-Rescue and Lifeguards
Screener**

Employee's Name: _____

Screener's Name: _____ Incident Date/Time: _____

Date CD-1551 & CD-1555 Received at Screener: _____ Screening Date: _____

Type: Vehicle Industrial No Vehicle/Industrial Non-Preventable
No Vehicle/Industrial Preventable Vandalism/Crime

Cause of Incident (Reference CVC Worksheet): _____

Preventable Category: 1 2 3 4 Non-Preventable Explanation: _____

Employee Preventable Incident History within LCFYP None

DATE	CATEGORY	ASSIGNED DISCIPLINE
1st: _____		
2nd: _____		
3rd: _____		
4th: _____		

Employee accepted screening: Yes (complete incident history and forward to AA) No (forward to ARC Chair)

Accident Review Committee

Hearing Date: _____ ARC Findings/Recommendations: _____

Type: Vehicle Industrial No Vehicle/Industrial Non-Preventable
No Vehicle/Industrial Preventable Vandalism/Crime

Preventable Category: 1 2 3 4 Non-Preventable

ARC Chair Signature: _____ Date: _____

Appointing Authority/Assistant or Deputy Chief

Appointing Authority imposed discipline: _____

Does discipline deviate from Matrix? No Yes (If imposed discipline deviates from the Discipline Matrix, a detailed justification **MUST** be provided and be approved by the Appointing Authority/Assistant or Deputy Chief before issued)

Served by (print): _____ Date: _____

Appointing Authority Signature: _____ Date: _____

Assistant or Deputy Chief Signature: _____ Date: _____

Employee accepted discipline: Yes No Employee requested appeal hearing: Date requested: _____

Appeals

Appeals Date: _____ Imposed discipline (final action from the appeal): _____

Appeal Hearing Officer Signature: _____ Date: _____

Chief's Signature Signature: _____ Date: _____

Does discipline deviate from Matrix? No Yes (If imposed discipline deviates from the Discipline Matrix, a detailed justification **MUST** be provided and be approved by the Chief before issued).



September 17, 2021

DMV Renewal
P.O. Box 942839
Sacramento, CA 94239

Reference: **Declaration of Self Insurance for the City of San Diego**

Please accept this letter as compliance with your request for a statement of self-insurance. The City of San Diego is currently self-insured for its public liability insurance, which includes general liability and automobile liability coverage for property damage and bodily injury claims. The City of San Diego budgets annually for its self-administered claims program handled through the Risk Management Department. Claims are processed and administered in accordance with the California Government Code Section 900, et.seq.

The City of San Diego is also currently self-insured for Workers' Compensation for all City employees.

The City of San Diego agrees to pay any and all claims and judgments that it may become legally obligated to pay under the California Government Code, arising out of any negligence on the part of the City of San Diego, through the use of the above-referenced agreement.

Should you have any questions regarding the above, please do not hesitate to contact me at 619-236-6784.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Claudia Castillo del Muro'.

Claudia Castillo del Muro
Deputy Director
Risk Management