



# ***SAN DIEGO FIRE-RESCUE DEPARTMENT***

## ***TRAINING AND EDUCATION DIVISION***

**Vehicle Incidents (Accidents)**

# What is an Incident?

Incident(s)-Include any of the following that results in actual or alleged property damage, and injury or death associated with the operation or placement of any vehicle/industrial equipment owned, leased, rented, or borrowed by the City, or similar events involving POVs utilized to conduct City business:

- Vehicle collisions
- Incidents involving moving and stationary industrial equipment, and stationary vehicles
- Equipment malfunctions
- Unintentional acts, such as trees falling or acts of nature.

# Type of Incident

- a. **Vehicle Collision-** when a vehicle in motion strikes, collides, or has any contact with anything and results in actual or alleged property damage, injury or death and is directly attributable to the movement of the vehicle or parts of the vehicle.
- b. **Industrial Incident-** ex. Aerial ladder, forklift.
- c. **No Vehicle/Industrial Incident Non-Preventable-** ex. Potholes, road debris, act of nature, faulty equipment
- d. **No Vehicle/Industrial Incident Preventable** – damage results from the negligent actions of the operator of, person in control of, or person responsible for city equipment. Ex opening doors, dropping equipment, etc. which cause damage and/or injury

# Preventable Accidents

## **Category 1**

- Misjudgment of clearance
- Failure to drive defensively
- Failed to prepare the vehicle/industrial equipment properly

## **Category 2**

- Employee was negligent and/or violated rules, policies or procedures

## **Category 3**

- Employee flagrantly or willfully disregarded safety or law

## **Category 4**

- Under the influence of alcohol/drugs in violation of AR 97.00(Substance Abuse Policy) and or CVC/Fed DOT regulations.

# Examples of Discipline

**LCFYP = Last Consecutive Five Year Period**

<b>Incident History</b>	<b>Category 1</b>	<b>Category 2</b>	<b>Category 3</b>	<b>Category 4</b>
<b>1<sup>st</sup> Incident</b>	Written Warning and Mandatory two-hour class	Written Reprimand and Mandatory four and eight-hour classes	Mandatory four and eight-hour classes, 360-hour Suspension, and Mandatory Retesting	Termination
<b>2<sup>nd</sup> Incident</b>	Written Reprimand and Mandatory four-hour class	Mandatory four and eight-hour classes with 48-hour Suspension and Mandatory Retesting	Termination	Termination
<b>3<sup>rd</sup> Incident</b>	Mandatory eight-hour class with 48-hour Suspension and Mandatory Retesting	Mandatory eight-hour class with 144-hour Suspension and Mandatory Retesting	Termination	Termination
<b>4<sup>th</sup> Incident</b>	Mandatory eight-hour class with 120-hour Suspension and Mandatory Retesting	Mandatory eight-hour class with 240-hour Suspension and Mandatory Retesting	Termination	Termination
<b>5<sup>th</sup> Incident</b>	Termination	Termination	Termination	Termination

# Training Incident?

Exceptions for Training and Testing Incidents. Employees during authorized training programs and testing situations, remain responsible for the consequences of their actions and must follow proper reporting procedures. The incidents occurring under the conditions indicated below may be deemed Non-Preventable if pre-authorized by the Department as a training or testing exercise:

- a. A driver is in a controlled and supervised training environment; and/or
- b . A driver is testing new equipment under direct supervision.

Review AR 75.12 for detailed information on Incidents.



## Emergency Vehicle Accidents

# FY22 SDFRD Accidents

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Preventable	29
Code 3	6
Backing	24
Parked	14



# Accident Trends

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Overwhelmingly:

Non-Emergency

Misjudgment Of Clearance (mostly on the Captain side of apparatus or vehicle)

and **BACKING!**

# Detroit – Overhead Clearance



# Detroit – Overhead Clearance





# Detroit – Overhead Clearance



# Detroit – Overhead Clearance







## Recent Vehicle Accidents



## Recent Vehicle Accidents





## Recent Vehicle Accidents



# Vehicle Accidents & Proper Documentation

Post accident procedures

Inform Metro on the radio administration channel (7A).

1. Nature of accident, (injury or non-injury.)
2. Equipment involved and apparatus number.
3. Exact location.
4. Type of assistance needed, (ambulance, tow truck)
5. Extent of damage.
6. Metro will then make the required notifications and or requests

# Vehicle Accidents and Proper Documentation

- KEY POINTS
- If the accident involves a civilian vehicle or private property, SDPD must be notified and must respond to take a report. You must stay at the scene of the accident until SDPD has completed their investigation or you are released.
- Do not move any vehicles unless it is a traffic hazard or until SDPD tells you to do so.
- Do not discuss the accident with anyone except SDPD, Risk Management or SDFD officials.

# Vehicle Accidents and Proper Documentation

Request or confirm that a SDFD Battalion Chief or Ambulance Provider supervisor is in route to take photos.

You can render aid, however another first responder WILL be called to evaluate/AMA the other vehicle(s).

# Vehicle Accidents and Proper Documentation

- REQUIRED DOCUMENTATION

The required accident forms are located in the “green” FD-8, Vehicle Accident Package. Each SDFRD apparatus should have a small supply of the FD-8, Vehicle Accident Package; accident processing instructions are printed on the envelope.

The vehicle driver/operator must complete the CD-1551 – Employee Vehicle/Industrial Incident Damage Report.

All that may have contributed to an incident, must complete a separate CD-1551 i.e., Backers, spotters, etc.

# Vehicle Accidents and Proper Documentation

- The driver/operator's immediate supervisor must complete the CD-1555 – Supervisors Vehicle/Industrial Incident Investigation Report. Supervisors are reminded to review all documents submitted to ensure that all forms are properly completed and legibly signed.
- Submit all forms into immediate supervisor by the end of shift via email. Make sure to sign/date documents, sketch drawing of incident.
- BC's should gather forms, review, email and deliver to PSU for processing.

# Vehicle Accidents and Proper Documentation

- For an overview of Accidents and the Accident Review Process refer to the
  - Operations Manual, Standard Instruction 02, sec. 22,
  - Standard Instructions 05, Section 8
  - AR-75.12 & AR-75.50
- Any questions should be directed to the Driver Training Officer, (619) 692-4981.

# City of San Diego Accident Report Envelope FD-8

The City of  
**SAN DIEGO**

**SAN DIEGO FIRE-RESCUE  
DEPARTMENT  
VEHICLE ACCIDENT PACKAGE**

Did Accident/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 NQT required.

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

**RM-1551 – EMPLOYEE VEHICLE /INDUSTRIAL ACCIDENT  
DAMAGE REPORT**  
OPERATOR OF VEHICLE MUST COMPLETE THIS FORM

**RM-1555 – SUPERVISOR VEHICLE /INDUSTRIAL ACCIDENT  
INVESTIGATION REPORT**  
SUPERVISOR MUST COMPLETE THIS FORM

DOCUMENTS MUST BE FILLED OUT, TYPED AND COMPLETED ON  
DIGITAL FORMS (TargetSolutions or S-Drive), SIGNED  
AND FORWARDED TO YOUR BC FOR REVIEW BY THE  
**END OF THE SHIFT**

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

SEAL COMPLETED (**SIGNED**) FORMS IN THIS ENVELOPE  
AND DELIVER TO:

**PROFESSIONAL STANDARDS OFFICE  
MS 604**

FD-8 (Rev. 3-16) PWPS-1

**VEHICLE ACCIDENT  
DOCUMENTATION**

THE FOLLOWING GUIDELINES WILL BE UTILIZED BY ANY SDFD UNIFORMED OR NON-UNIFORMED EMPLOYEE, WHO IS INVOLVED IN A VEHICLE ACCIDENT OR INDUSTRIAL INCIDENT WHILE OPERATING A SDFD VEHICLE OR A PRIVATE VEHICLE ON AUTHORIZED CITY BUSINESS.

**A.** WHEN INVOLVED IN A VEHICLE ACCIDENT, THE DRIVER/OPERATOR OR OFFICER IN CHARGE SHALL NOTIFY FIRE COMMUNICATIONS, PROVIDING THE FOLLOWING DETAILS:

1. NATURE OF ACCIDENT (INJURY OR NON-INJURY, NATURE OF INJURIES AND THE NUMBER INJURED)
2. EQUIPMENT INVOLVED (UNIT ID) AND APPARATUS NUMBER
3. EXACT LOCATION
4. TYPE OF ASSISTANCE NEEDED (ADDITIONAL ENGINE AND AMBULANCE, TOW TRUCK, OR DUTY MECHANIC)
5. EXACT TIME OF ACCIDENT
6. EXTENT OF DAMAGE

**B.** FIRE COMMUNICATIONS WILL NOTIFY THE APPROPRIATE OFFICERS:

1. BATTALION CHIEF IN WHOSE DISTRICT THE ACCIDENT OCCURRED
2. FACILITIES MANAGER
3. IMMEDIATE SUPERVISOR OF PERSON(S) INVOLVED IN ACCIDENT
4. SAFETY OFFICER
5. SHIFT COMMANDER NOTIFICATION
6. AMBULANCE PROVIDER SUPERVISOR IF ACCIDENT INVOLVES AMBULANCE PROVIDER EMPLOYEE(S)

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

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

# CD 1551 Employee Incident Report

		<b>CITY OF SAN DIEGO</b>				<small>Distribution Submit form to your supervisor within forty-eight (48) hours of its date. SDFH Local 145 members follow standard instruction (S.I.).</small>	
<b>Employee Vehicle/Industrial Incident Damage Report</b>							
<b>"MAKE NO STATEMENTS EXCEPT TO CITY OF SAN DIEGO OFFICIALS"</b>							
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 <input type="checkbox"/> No <input type="checkbox"/> . 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 <input type="checkbox"/> No <input type="checkbox"/> If not explain: _____							
Passenger(s): #1 _____		#2 _____		#3 _____			
Witnesses: No <input type="checkbox"/> Yes <input type="checkbox"/>							
#1 _____		Phone# _____					
#2 _____		Phone# _____					
Injuries: No <input type="checkbox"/> If yes describe: _____							
Other parties involved: No <input type="checkbox"/> 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: _____							

CD-1551 revised 09/01/21 (AR 75.12) PW/PS-119

**Employee Must Complete the Diagram**

Use the area below to sketch or draw accident scene (attach separate sheet for "Off Road" accidents)

**Indicate North with Arrow in Circle**

**Symbols for Sketch**  
 Parked   
 Forward   
 Backing


**Shade Damaged Area(s)**  
  
 City

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

RM-1551 revised 03/31/2017 (AR 75.12)



# CD 1555 Supervisors Report



**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 supervisors 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)	Employee PERNR#	Equipment Apparatus#	Vehicle License Plate#	Driver License# and Class
Date Reported		<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Backer <input type="checkbox"/> Spotter <input type="checkbox"/> Other				

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: \_\_\_\_\_

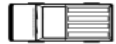

Road Conditions: Dry  Wet  Off Road  Weather Conditions: Clear  Cloudy  Rainy  Fog/Mist  Dark

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).



## ACCIDENTS IN THE NEWS





Engine 15 vs. Auto

# Engine 15 vs. Auto

- This lawsuit arises from a fire truck vs. auto accident on May 4, 1996 at approximately 2130 hours at the Intersection of Sunset Cliffs Boulevard and Westbound interstate 8 off-ramp in the City of San Diego.
- The plaintiff was a restrained driver.
- At the time of the accident the plaintiff was 22 years of age and suffered the following injuries:

# Engine 15 vs. Auto

1. Left Zygomatic Fracture
2. Bilateral Maxillary Fractures
3. Neck Abrasion
4. Multiple Facial Abrasions
5. Chin Abrasion
6. Left Midshaft Clavicular Fracture
7. Left Distal Humeral Fracture
8. Basilar Fracture
9. Left Lateral Tibial Plateau Fracture
10. Right Midshaft Femur Fracture
11. Right Foot Metatarsal Fractures #2 – 4
12. Hematoma Left Knee
13. Femoral Vein Thrombosis
14. Left Radial Nerve Defect
15. Missing Tooth # 8; #26 Tooth Broken
16. Multiple Glass Fragments Over Pelvis
17. Vertical Fracture Through Left Sacrum
18. Fractures In The Parasymphysis and Inferior Pubic Rami
19. Diastasis Right Sacroiliac Joint, Anteriorly
20. Multiple Glass Fragments Over Left Femur & Soft Tissue
21. Fracture Through Nasal Bones
22. Fracture Lateral Wall Left Orbit
23. Fractured Vomer
24. Multiple Lacerations Over Left Shoulder



Engine 15 vs. Auto

# Engine 15 vs. Auto



THE ENGINE 15 ACCIDENT WAS RULED “NON PREVENTABLE” BY THE ACCIDENT REVIEW COMMITTEE



THE CITY WAS SUED AND PAID \$1.1 MILLION DOLLARS.





Misjudgment of clearance





## Failure to Secure Equipment

BR 34 Drove out with the door open.



## Failure to Yield

E3 exiting the station on a response, Code 3 right of way??





## Misjudgment of Clearance

T45 entering a parking lot, angle of approach??



## Misjudgment of Clearance



## Misjudgment of Clearance

Truck 10 Dragged the back exiting a dip, angle of Departure??





# City Pays \$900K to Woman Injured in Collision with SDFD Engine

The deputy fire marshal driving the engine estimated in court documents that he was traveling 25 mph through the intersection

By The Associated Press and NBC 7 Staff • Published June 2, 2021 • Updated on June 2, 2021 at 9:56 pm



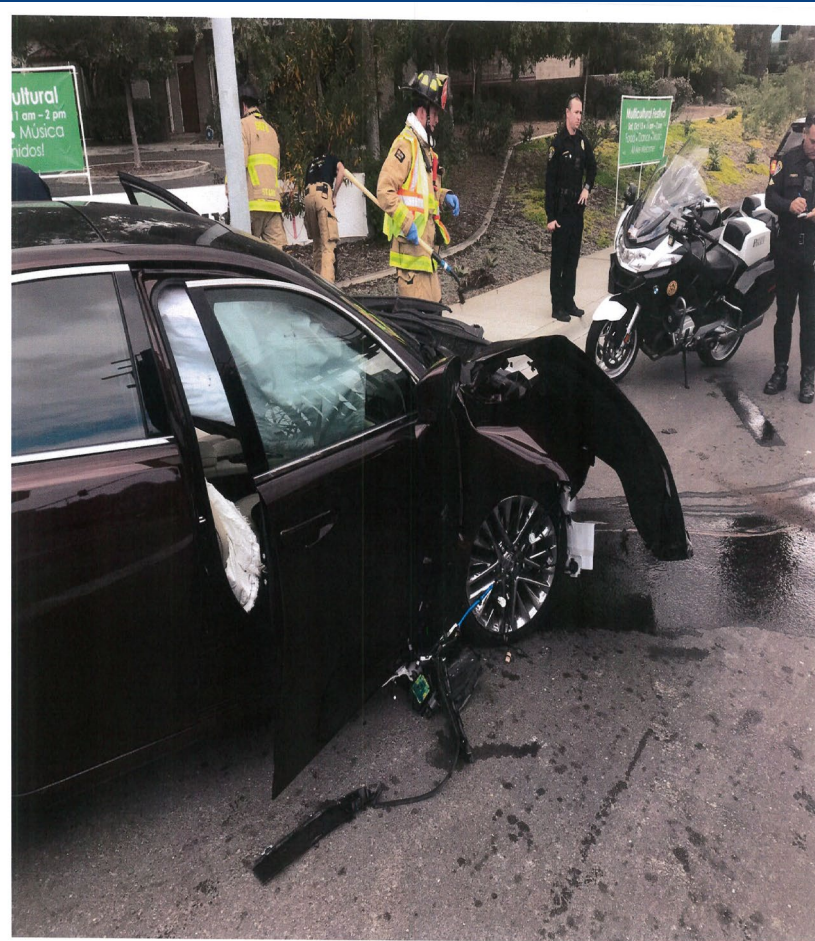
San Diego will pay \$900,000 to an 82-year-old woman whose foot and ankle were crushed when her car collided with a city fire engine that sped through a red light while heading to an emergency in 2018.

## Trending Stories

- CALIFORNIA RECALL ELECTION RESULTS**  
CALIFORNIA RECALL ELECTION RESULTS  
California Recall Election Results
- EL CAJON**  
Grossmont High School Protest Prompts Call for Law Enforcement
- RECALL ELECTION**  
What to Do With Your Mail-In Ballot On Election Day: Drop Box Locations & More
- DNC HEADQUARTERS**  
Grandmother of Oceanside Man Arrested Near DNC Headquarters Says Grandson Is 'Always in Trouble'
- RECALL ELECTION**  
High Voter Turnout Expected in San Diego for California's Recall Election

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<https://www.nbcsandiego.com/news/local/city-pays-900k-to-woman-injured-in-collision-with-sdfd-engine/2620863/>



Clear all lanes of Traffic while traveling Code 3.

Don't give a statement to police until after the patients are transported and you've had time to process the accident.





## Mechanical Mishaps

E32 Rolled away, ratcheting brakes??





## Mechanical Mishaps

E8 backing in, the door drifted slightly, Low clearance??

# SDFRD Policy

- Regarding accidents in which there is minor damage incurred during an emergency response (and the apparatus can still respond), follow this procedure:
- If accident is minor and is possibly your fault, stop and exchange information, if the other party is available, or drop off one employee and proceed to the emergency. When emergency is terminated, return to the scene of the accident and complete necessary business.

**THE END**

