



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

Are You a City Employee Operating a City Vehicle: Yes No If No, 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)

○ Indicate North with
Arrow in Circle

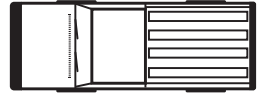
Symbols for Sketch

Parked 

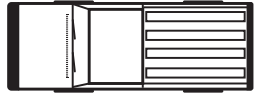
Forward 

Backing 

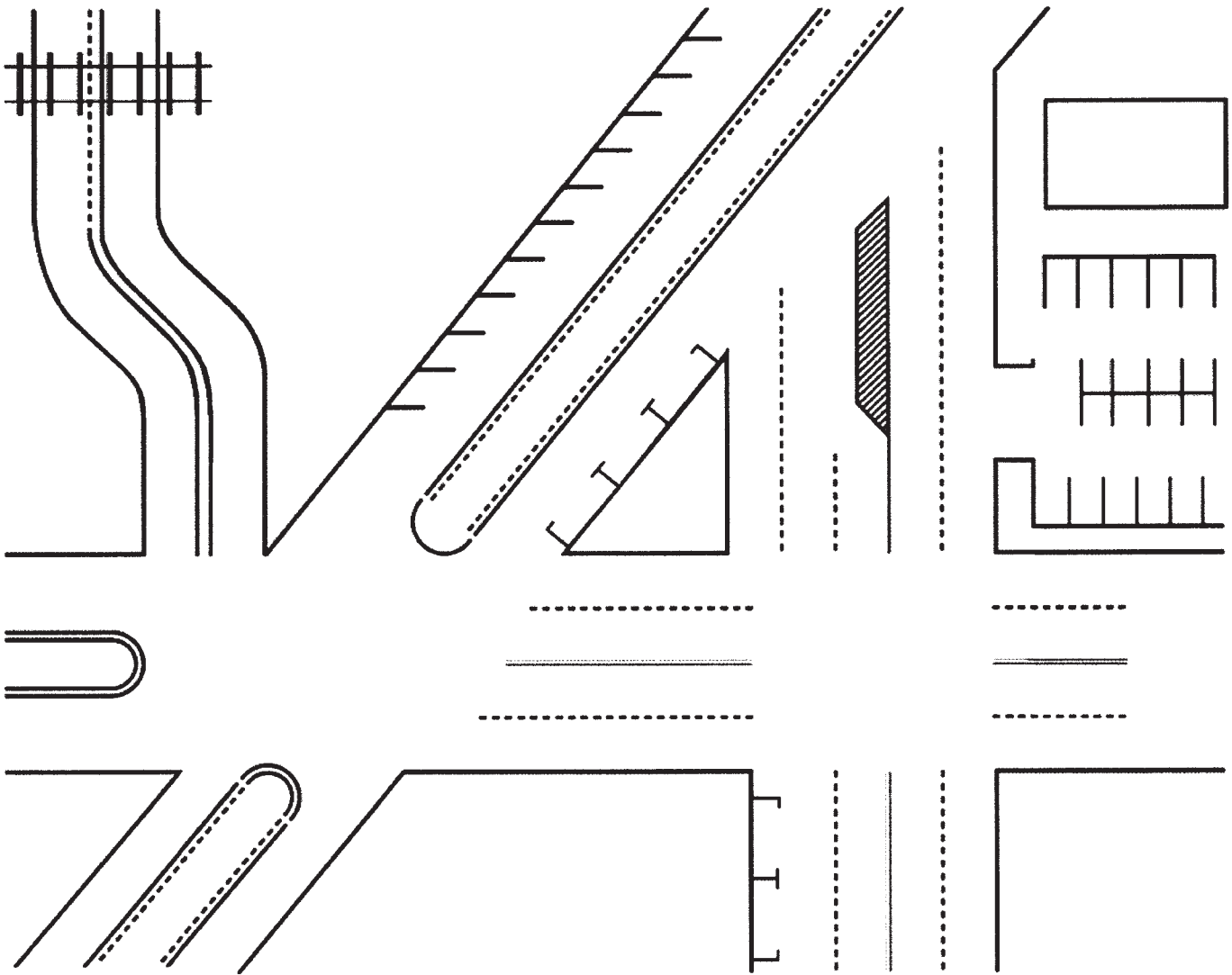
Please indicate vehicle type(s) (City, POV, Citizen, etc.) and circle all damaged areas related to this incident.



Vehicle



Vehicle



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