

## VEHICLE ACCIDENT

Policy # **2463**

Original Effective Date: 11/03/2022

Revision Date: 01/20/2026

Type of Policy:  BOARD  DISTRICT  FIRE  PARKS

### **POLICY**

2463.1 Cosumnes Community Services District (“District”) will investigate all District traffic collisions, with the intent of learning the cause of the collision, identifying contributing factors, and implementing corrective measures when appropriate.

### **PURPOSE AND SCOPE**

2463.2 The purpose of this policy is to provide guidelines for the reporting and investigation of traffic collisions involving District vehicles and District personnel on official business. This policy applies to collisions involving any District-owned vehicle and to collisions any time District business is being conducted, regardless of who owns the vehicle involved.

2463.3 This policy applies to all District elected officials, executives, employees, interns, volunteers, contractors, vendors, suppliers, members of the public, and other persons who participate in District programs and services.

### **APPLICATION**

2463.4 Definitions:

- a. Causal Factors: any behavior, condition, act, or omission that starts or sustains an accident occurrence.
  - 1. An example of this would be wet roads.
  - 2. If the causal factor for an accident was driving too fast and/or without due regard, then wet roads were not the cause (root cause); the actions of the driver were the causal factor.
- b. Contributory Factors: any behavior, condition, act, or omission that affected the occurrence or outcome but was not causal. Contributory Factor(s) are based on findings. Another term that can be included is “Circumstances”.
  - 1. Details of the circumstances surrounding the accident, which includes: pertinent information from documents, statements, etc. regarding the circumstances that led up to, exacerbated, or mitigated the accident. Examples include: weather reports, related accident history, actual and/or predicted behavior, travel, rest, activity history of at least 24 hours prior to

the accident, training records, equipment records, personal protective equipment records, and use.

## 2463.5 Reporting Responsibilities

- a. All District employees involved in a traffic collision in a vehicle owned by the District or while conducting District business, regardless of who owns the vehicle, shall immediately report the collision to the appropriate local law enforcement agency and notify the following personnel within their department:
  1. Fire Department: On-Duty Battalion Chief
  2. Parks and Recreation Department: Direct Supervisor
  3. Office of the General Manager: Chief of Staff
  4. Finance & Information Technology Department: Direct Supervisor
- b. The District driver must not discuss the accident with anyone except:
  1. Law enforcement
  2. Their supervisor(s)
  3. Representatives of their Department or the General Manager's Office
  4. Department's insurance adjuster
- c. All District personnel involved in a traffic collision must complete the Vehicle Accident Report. If the driver is incapable, their immediate supervisor shall complete the form.
  1. In the case the accident involves on-duty emergency medical response personnel, who also perform emergency response duties to those affected in the incident, the Fire Chief in coordination with District labor representatives will establish the appropriate protocols including any additional reporting requirements.

## 2463.6 Vehicle Accident Report

- a. The Vehicle Accident Report must be completed and sent through the chain of review, as listed in Section L of the form, no later than two (2) days after the accident. The Vehicle Accident Report shall constitute a record of the District's investigation regarding the accident and shall be exempt from disclosure in accordance with Government Code Section 6254(f) and Vehicle Code Section 20012. It is recommended that the form be sent electronically to expedite the

review process.

1. The District driver must fill out sections A through H and section L.
2. Supervisors/Captains are responsible for completing the “Supervisor’s Report of Accident” sections I, J, and L.
3. Once notified of a traffic collision, the Division Manager/Battalion Chief is responsible for ensuring that the investigation and review occurs promptly. They shall complete the “Investigating Supervisor Report” sections K, and L.

b. Any law enforcement reports shall be forwarded through the chain of command to the Senior Leadership Team (“SLT”) member referencing the vehicle identification number.

2463.7 Collision Levels. Traffic collisions subject to this policy will be classified, investigated, and reviewed as follows.

- a. A Level I collision is any traffic collision involving:
  1. Minor injury to any District member, a contract employee, or an employee of another public agency when the injury does not result in treatment at an emergency treatment facility or subsequent hospitalization.
  2. Minor damage to District property or vehicles.
  3. Minor damage to non-District property or vehicles while conducting District business.
  4. Level 1 collision reviews shall be conducted by the Manager/Battalion Chief or respective supervisor.
  5. Reports involving Level I collisions will be submitted through the chain of command to the SLT member.
- b. A Level II collision is any traffic collision involving:
  1. Any injury to persons other than District members, except contract and other public agency employees noted in Level I.
  2. Any injury requiring treatment and/or transport of any District member, contract employee, or an employee of another public agency at an emergency treatment facility.
  3. Major damage to a vehicle owned or operated by the District or major damage to District property.

4. Level II collisions will be reviewed by a Manager/Battalion Chief, a designated safety officer, and a labor representative (if required) of the involved member.
5. Reports involving Level II collisions will be submitted through the chain of command to the Department Head.

c. A Level III collision is any traffic collision involving:

1. The death or anticipated disabling injury of a member of the District, contract employee, or other public agency employees.
2. The death or anticipated disabling injury of other than a member of the District, a contract employee, or other public agency employees when the traffic collision involves any department member, vehicle, or property.
3. Level III collisions will be investigated by local law enforcement having jurisdiction.
  - i. A Serious Accident Review Team may need to be initiated.
  - ii. Reports involving Level III collisions will be submitted through the chain of command to the Department Head.

#### 2463.8 Collision Reports

- a. The investigation team leader is responsible for the preparation and completion of a written report that describes the traffic collision, any contributing factors, all persons and equipment involved, and recommendations for preventing a reoccurrence.
- b. Following review by the SLT member or Department Head, the completed report and all related documentation from the investigation will be forwarded to the District's custodian of records. A Collision Report should include the following:
  - i. A completed Vehicle Accident Report.
  - ii. Any completed reports from law enforcement pertaining to the collision.
  - iii. Any policy assessments and recommendations. Leaders can assess the effectiveness of policies and procedures and make recommendations with the intent of preventing future injuries, property loss, or liability.
- c. If it is determined that an employee may have violated any District policies or procedures, the SLT member should recommend that the matter be submitted to

Human Resources for the initiation of possible administrative action.

2463.9      Confidentiality of District Collision Investigation.

- a. All internally generated reports, statements, photographs, diagrams, and other materials shall be considered confidential and may not be released except as required by law. Copies of any collision reports obtained from involved law enforcement agencies shall also be considered confidential and subject to release only as authorized by law (California Vehicle Code § 20012; California Government Code Section 6254(f).).

**REFERENCES**

2463.10     Vehicle Accident Report

2463.11     Board Policy, Use of District Resources (1125)

2463.12     Board Policy, Drug and Alcohol Use Prohibited (1140)

2463.13     District Policy, Use of District and Personal Vehicles (2460)

**VEHICLE ACCIDENT REPORT**

**\*\*CONFIDENTIAL INFORMATION\*\***  
**DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF**  
**THE OFFICE OF THE GENERAL MANAGER.**

*This report must be received within 2 business days after the accident.*

**A. CSD DRIVER**

NAME		DEPARTMENT	
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	JOB TITLE
CLASS	EXPIRATION	OFFICE ADDRESS (Street, City, State, Zip Code)	
WAS VEHICLE BEING USED ON OFFICIAL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, attach explanation)		SUPERVISOR NAME	
CSD DRIVER'S EMAIL		SUPERVISOR EMAIL	SUPERVISOR PHONE

**B. CSD VEHICLE**

VEHICLE LICENSE NUMBER	VEHICLE YEAR	MAKE	MODEL	VEHICLE EQUIPMENT NUMBER
VEHICLE OWNER: Indicate Dept. Owned*, Rental*, CSD Pool, or Employee Owned				* If Dept. Owned or Rental, Enter Owner's Name

DESCRIBE DAMAGES TO VEHICLE

**C. OTHER VEHICLE**

DRIVER'S NAME			VEHICLE LICENSE NO.	VEHICLE YEAR	MAKE	MODEL
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	REGISTERED OWNER		OWNER PHONE	NO. OF PASSENGERS
DRIVER'S ADDRESS			OWNER ADDRESS (Street, City, State, Zip Code)			
CITY		STATE	ZIP	NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE		

BRIEFLY DESCRIBE ANY DAMAGE TO OTHER VEHICLE/PROPERTY

**D. ACCIDENT DETAILS**

ACCIDENT LOCATION (Address/Area)		ACCIDENT DATE	ACCIDENT TIME	ESTIMATED SPEED OF OTHER VEHICLE	
		ROAD CONDITIONS		LAW ENFORCEMENT REPORT MADE? REPORT NUMBER: NO: <input type="checkbox"/> YES: <input type="checkbox"/>	
CITY	STATE	ZIP CODE	WEATHER CONDITIONS		INVESTIGATING AGENCY NAME AND ADDRESS
COUNTY			TRAFFIC CONDITIONS		

**VEHICLE ACCIDENT REPORT**

**E. ACCIDENT DETAILS - DESCRIPTION**

FULLY STATE HOW THE ACCIDENT OCCURRED (*Additional sheets may be attached if necessary*)

# VEHICLE ACCIDENT REPORT

## F. INJURED

NAME	DATE OF BIRTH	PCR	ADDRESS (Street, City, State, Zip Code)
NAME	DATE OF BIRTH	PCR	ADDRESS (Street, City, State, Zip Code)
NAME	DATE OF BIRTH	PCR	ADDRESS (Street, City, State, Zip Code)
NAME	DATE OF BIRTH	PCR	ADDRESS (Street, City, State, Zip Code)

## G. WITNESS

NAME	PHONE	ADDRESS (Street, City, State, Zip Code)
NAME	PHONE	ADDRESS (Street, City, State, Zip Code)
NAME	PHONE	ADDRESS (Street, City, State, Zip Code)

## H. ADDITIONAL VEHICLE (if needed)

DRIVER'S NAME			VEHICLE YEAR	VEHICLE LICENSE NO.	MAKE	MODEL
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	REGISTERED OWNER			OWNER PHONE
DRIVER'S ADDRESS (Street, City, State, Zip Code)			OWNER ADDRESS (Street, City, State, Zip Code)			

NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE

DESCRIBE DAMAGE TO OTHER VEHICLE/PROPERTY

## ADDITIONAL VEHICLE (if needed)

DRIVER'S NAME			VEHICLE LICENSE NO.	VEHICLE YEAR	MAKE	MODEL
DRIVER'S LICENSE NUMBER	DATE OF BIRTH	PHONE	REGISTERED OWNER			OWNER PHONE
DRIVER'S ADDRESS (Street, City, State, Zip Code)			OWNER ADDRESS (Street, City, State, Zip Code)			

NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE

DESCRIBE DAMAGES TO OTHER VEHICLE/PROPERTY

**VEHICLE ACCIDENT REPORT****I. CSD SUPERVISOR****SUPERVISOR'S REPORT OF ACCIDENT**

NAME

DEPARTMENT

JOB TITLE

INJURY - Yes or No

PHONE

**J. ACCIDENT DETAILS - DESCRIPTION**

FULLY STATE HOW THE ACCIDENT OCCURRED (Additional sheets may be attached if necessary)

**K.****INVESTIGATING SUPERVISOR REPORT**

Description of Roadway		Accident Occurred	Type of Loss	Weather
Straight	<input type="checkbox"/>	2-Lane <input type="checkbox"/>	District Facility/ Station#	Personal Injury <input type="checkbox"/>
Curve	<input type="checkbox"/>	3-Lane <input type="checkbox"/>	Responding to Emergency <input type="checkbox"/>	Property Damage <input type="checkbox"/>
On Grade	<input type="checkbox"/>	4-Lane <input type="checkbox"/>	At Emergency Scene <input type="checkbox"/>	Vehicle Damage <input type="checkbox"/>
Level	<input type="checkbox"/>	Divided <input type="checkbox"/>	Returning from Emergency <input type="checkbox"/>	Snow <input type="checkbox"/>
Hillcrest	<input type="checkbox"/>	Rural <input type="checkbox"/>	Training <input type="checkbox"/>	Fog <input type="checkbox"/>
Dry	<input type="checkbox"/>	Other	Normal Driving <input type="checkbox"/>	Other <input type="checkbox"/>
Wet	<input type="checkbox"/>	Lanes Marked	Other <input type="checkbox"/>	
Muddy	<input type="checkbox"/>	Lanes Unmarked <input type="checkbox"/>		
Snowy	<input type="checkbox"/>	No Road Detects <input type="checkbox"/>		
Icy	<input type="checkbox"/>	Holes, Ruts etc. <input type="checkbox"/>		
Oily	<input type="checkbox"/>	Loose Material		
Sleet	<input type="checkbox"/>	Other <input type="checkbox"/>		

## VEHICLE ACCIDENT REPORT

Investigation Supervisor's Comments

L.

CSD Driver: \_\_\_\_\_

DATE: \_\_\_\_\_

Captain/Supervisor: \_\_\_\_\_

DATE: \_\_\_\_\_

Battalion Chief/Manager: \_\_\_\_\_

DATE: \_\_\_\_\_

Senior Leadership: \_\_\_\_\_

DATE: \_\_\_\_\_

Department Head: \_\_\_\_\_

DATE: \_\_\_\_\_

General Manager: \_\_\_\_\_

DATE: \_\_\_\_\_