

## 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 ACCIDENTREPORT

**\*\*CONFIDENTIAL INFORMATION\*\***  
**DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF**  
**THEOFFICE OF THE GENERAL MANAGER.**  
*This report must be received within 2 business days after the accident.*

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

|  |              |      |       |  |
|--|--------------|------|-------|--|
| <b>B. CSD VEHICLE</b>  |              |      |       |  |
| 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  |              |      |       |  |

|                         |               |       |  |  |             |                   |
|-------------------------|---------------|-------|--|--|-------------|-------------------|
| <b>C. OTHER VEHICLE</b> |               |       |  |  |             |                   |
| 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 <i>(Street, City, State, Zip Code)</i> |  |             |                   |
| CITY                    |               | STATE | ZIP  | NAME AND POLICY NUMBER OTHER PARTY'S INSURANCE |             |                   |

|   |
|---|
| BRIEFLY DESCRIBE ANY DAMAGE TO OTHER VEHICLE/PROPERTY |
|---|

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

VEHICLE ACCIDENTREPORT

E. ACCIDENT DETAILS - DESCRIPTION

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

VEHICLE ACCIDENTREPORT

| 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 ACCIDENTREPORT****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/<br>Station#                     | Personal Injury                          | Clear <input type="checkbox"/> |
| Curve <input type="checkbox"/>     | 3-Lane <input type="checkbox"/> Responding to Emergency <input type="checkbox"/>   | Property Damage <input type="checkbox"/> | Rain <input type="checkbox"/>  |
| On Grade <input type="checkbox"/>  | 4-Lane <input type="checkbox"/> At Emergency Scene <input type="checkbox"/>        | Vehicle Damage <input type="checkbox"/>  | Snow <input type="checkbox"/>  |
| Level <input type="checkbox"/>     | Divided <input type="checkbox"/> Returning from Emergency <input type="checkbox"/> |  | Fog <input type="checkbox"/>   |
| Hillcrest <input type="checkbox"/> | Rural <input type="checkbox"/> Training <input type="checkbox"/>                   |  | Other <input type="checkbox"/> |
| Dry <input type="checkbox"/>       | Other <input type="checkbox"/> Normal Driving <input type="checkbox"/>             |  |                                |
| Wet <input type="checkbox"/>       | Lanes Marked <input type="checkbox"/> 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 ACCIDENTREPORT

Investigation Supervisor's Comments

L.

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

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

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

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

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

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

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

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

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

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

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

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