

Town of Oro Valley

Transit Service Division

Accident Procedures Manual

March 4, 2013 Revision Date: 2/21/2022

Transit Service Office 12941 Pusch Mountain View Lane Oro Valley, AZ 85755 (520) 229-4990



FORWORD

The sole objective of an accident or incident investigation is the prevention of future accidents and incidents and not to apportion blame or liability. The emphasis of an accident or incident investigation is on remedial actions. An accident provides evidence of hazards or deficiencies within the system. A well-conducted investigation should therefore identify all immediate and underlying causes of an accident and recommend appropriate safety actions aimed at avoiding the hazards or eliminating the deficiencies. The investigation may also reveal other hazards or deficiencies within the system not directly connected with the causes of the accident.

PURPOSE

The purpose of this Procedure Manual for Accident and Incident investigation is to convey a commitment to investigate significant accidents and serious incidents and identify the role and responsibilities of
Following are the main purposes:

- Formalize notification, analysis and reporting procedures and obligations
- Formalize standard procedures for the Investigating Officers to follow when investigating any occurrence (accident/ incident)
- Provide a post-transit occurrence investigation system to enable to identify safety deficiencies
- Provide reference and guidance material to assist Investigating Officers in the conduct of investigations
- Detail essential resources for conducting the investigation

It is the responsibility of every employee of to report any and all accidents/incidents immediately. Drivers will provide accurate, detailed reports of all reports of all accidents using the system's incident reporting form. Drivers should fill out an Incident Report Form if anything unusual occurs during their route. Incidents include accidents, injuries, property damage and near misses.

DEFINITION

An accident is any event that causes the following damage to the transit vehicle, another vehicle, personal property or injury to include:

- The wrapping to be torn.
- A dent, puncture or more severe damage.
- Any damage of personal property.
- Injury to any person.

If any of these events occur the driver shall report the accident immediately to dispatch and while at the scene of the accident.

ACCIDENT PROCEDURES



	CELL	OFFICE	PTT
Dispatcher On-Duty	309-7510	229-4987	A01
Transit Crew Leader			
Mike Alexander	471-2228	229-4980	
Mike Hennings	833-0134/520-575-1278	229-5041	
Jon Hawbaker	471-2192/520-664-7685	229-5041	
Town Address	11000 N LaCanada Dr,	Oro Valley, AZ	85737

ACCIDENT DEFINITION

An accident is any event that causes the following damage to the transit vehicle, another vehicle, personal property or injury to include:

- The wrapping to be torn.
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- Any damage of personal property.
- Injury to any person.

If any of these events occur the driver shall report the accident immediately to dispatch and while at the scene of the accident.

If you are involved in an accident, you must remain calm. At this point the remainder of your schedule will be directed by dispatch. YOU MUST follow the directives below:

ACCIDENT WITH INJURIES or MAJOR DAMAGE

		Check for injuries. DO NOT MOVE SERIOUSLY INJURED UNLESS ABSOLUTELY NECESSARY.
	2.	If there is immediate danger such as fire or there is more danger on the bus than off, immediately evacuate
	3	all passengers from bus. If there are injuries, call 911 immediately. Be prepared to give your location, the nature of the accident and
Ц	٥.	as many details regarding the injured as you can. Stay on phone with 911 operator until emergency staff
		arrive.
		Call dispatch as soon as possible and while at scene of accident.
	5.	If trained and feel comfortable doing so, render first aid to the injured, giving attention to the most seriously injured.
	6.	Have your license and Town insurance paperwork ready (request reporting officer to use the Town's information including the Crew Leaders contact information instead of yours).
Α	CC	IDENT WITHOUT INJURIES
	1.	Unless there are serious injuries or the vehicles cannot be moved, then the vehicles should be safely moved off or out of the roadway to prevent secondary collisions or cause other hazards.
	2.	Turn off ignition (weather permitting), remove key, turn on hazard emergency warning lights and set out warning reflectors (triangles).
	3.	Call dispatch immediately and while at scene of accident.
	4.	Pictures, pictures, pictures. First pictures should be of the other vehicle(s) license plate, insurance paperwork
		and driver's license. Then take pictures of the damage to their vehicle, our vehicle, scene of accident close and
	_	from farther away.
		If possible, protect the scene of the accident so no evidence will be destroyed. Use accident reports in driver binder behind seat to note information of accident.
_	0.	a. Is the picture on their license of the <u>driver</u> of the other vehicle?
		 b. Insurance card/paperwork has insurance company, policy #, name of person that was driving and vehicle involved in accident?
		c. Use witness forms for anyone who witnessed the accident
	7.	Do not discuss facts of the accident with anyone except law enforcement authorities or Town staff.
	8.	Never admit fault of the accident
	9. 1	Do not leave scene of accident unless instructed by law enforcement or Town staff
		DENT WITH STATIONARY OBJECT/UNOCCUPIED VEHICLE
		Call dispatch immediately and while at scene of accident.
		Attempt to find property owners
	3.	Give them the Town's insurance information, the Crew Leader's contact information and your name (If available have them take pictures of info)
	4.	If property owner is unable to be found, write the Town's insurance information on a piece of paper along with
		Transit Crew Leaders office phone number and attach it to the damaged property.
	5.	Pictures of all damage, our vehicle and their property, if possible before our vehicle is moved. If another vehicle, their license plate and damage.
	6.	<u>Before</u> leaving call Dispatch again with details of who you spoke with (property owner), all information obtained and pictures take



Vehicle & Property Incident Report

This form should be used to report damage that occurred due to an accident involving Town of Oro Valley Vehicle(s) or Property. Or to report damage to a Third Partys Vehicle(s) or Property.

Please contact your supervisor prior to form submission. This form should be completed within two hours of the incident.	
Submitters Email *	
Submitters Name	
Vehicle Incidents	
Was a Police Vehicle Involved? *	✓ Yes □ No
Was a Town Vehicle Involved? *	✓ Yes □ No
Was a Third Party Vehicle Involved? *	✓ Yes □ No
Property Incidents	
Was Town Property Involved and/or Damaged? *	✓ Yes □ No

Was Third Party Property Involved and/or Damaged? *	☐ Yes ☐ No
Employee Details If an employee was not involved, enter NA in the text fields and select the	e submitter's department from the drop-down.
Employee Involved *	
Employee Department *	•
Employee Supervisor *	
Town of Oro Valley Vehicle Select arrow to expand section	
TOV Vehicle VIN	
VIN Image	If applicable upload photo of VIN Upload
TOV Vehicle ID *	Enter six digit vehicle number or gasboy number
TOV Vehicle Make/Model *	

Was TOV Vehicle Towed? *	•
Damage to TOV Vehicle *	1 = Minimal; 5 = Major
Details of TOV Vehicle Damage *	Provide details of damage including how damage occurred
Turn and Daniel	
Images of Damage Additional TOV Vehicle involved *	Upload
Other Vehicle Involved	Y
Select arrow to expand section	
Name *	
Contact Number *	

Address *	Address
Vehicle - Year, Make Model *	
Vehicle VIN *	
Venicle VIN **	
Plate Number *	
VIN and/or Plate Image	Upload photo if applicable
	Upload
Was Vehicle Towed? *	•
Details of Vehicle Damage *	Provide details of damage including how damage occurred

Pictures of Damage	Upload
Insurance Information *	Provide carrier, policy number, insurance contact info, policy holder
Insurance Card Image	Upload
Additional Vehicle(s)	•
Additional Vehicles	
Add	
Town of Oro Valley Property Select arrow to expand section	
Damaged Caused by Town employee?	☐ Yes ☐ No

Details of Property Damage *	Explain what was damaged and how it was damaged - include make/model/brand
Property Image Transit Signature Required	Upload
Transit Employee Signature	Sign
Submit Save as Draft	