

**DEPARTMENT OF BUILDING INSPECTION
MOTOR VEHICLE ACCIDENT
REPORTING PROCEDURES**

The driver of a City vehicle driving on City business who is involved in a motor vehicle accident **must** complete an **EQUIPMENT ACCIDENT REPORT FORM** on day of the accident.

IN THE EVENT OF AN ACCIDENT:

1. Driver calls the police immediately at **911** or for DPW employees contact the DPW Radio Room (they will contact the police). **All motor vehicle accidents require a police report.**

Indicate that you are a City employee and request that an officer come to the scene to make a collision report. Employees must wait 1 hour after calling SFPD for an officer to arrive. **If the police do not respond, go to the nearest police station and file a counter report to document the accident facts.**

If a City vehicle strikes a parked unoccupied vehicle, also complete the **NOTICE OF MOTOR VEHICLE ACCIDENT** form and leave it on the damaged property. (File a counter report with the police for this type of accident.)

2. Driver notifies supervisor.
3. Driver exchange information with other driver(s).

Be courteous and obtain the other driver's name, address, phone number, license plate number, driver's license number, insurance company, and policy number. Obtain the names, addresses and phone numbers of any witnesses. Provide the **NOTICE OF SELF-INSURANCE CARD**.

4. If you need a tow truck, driver calls Golden Gate Tow, Inc. (826-8866) or for DPW employees contact the DPW Radio Room (they will contact Golden Gate Tow).
5. Driver completes **Equipment Accident Report** and provides it to his/her supervisor.
6. Supervisor notifies Manager and Nancy George (641-2604). If there is serious property damage or personal injury to the public, also contact Mike Haase (554-3952).
7. Supervisor completes **Supervisor's Report of Incident Investigation**.
8. If the City vehicle is damaged, Supervisor obtains estimate of repair from Central Shops.
9. Supervisor gives original of all forms to Safety Coordinator.

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**DEPARTMENT OF BUILDING INSPECTION
EQUIPMENT ACCIDENT REPORT**

DRIVER

Name _____ Report Date _____
Address _____
Date of Birth _____ Social Security # _____
DMV Lic. # _____ Lic. Class # _____
Department _____ Job Class # _____ Job Title _____

**GSA EQUIPMENT/
PERSONAL VEHICLE**

Lic. Plate # _____ City Veh. # _____ Year _____
Make _____ Type _____
If truck, carrying what load? _____

**TIME AND PLACE
OF ACCIDENT**

Exact Location _____
Date _____ Time _____ a.m./p.m. Were Police Called? _____
Did Police Respond? _____ Police Report # _____
Police Badge # _____ Condition of Weather _____
Type of Pavement _____
Reason for Being at Location: _____

**DAMAGE TO GSA
EQUIPMENT/
PERSONAL VEHICLE**

Extent of Damage _____
Date Obtained Estimate of Damage from Central Shops _____

**DAMAGE TO
PROPERTY OF
OTHERS**

Type and Extent of Property Damage _____
Vehicle Make _____ Model _____
Year _____ Lic. Plate # _____
Name of Driver _____ Driver's Lic. # _____
Address _____
Phone # _____
Name of Vehicle Owner _____
Address _____
Insurance Co. _____ Policy # _____
Vehicle Reg. # _____ State (if other than CA) _____

PERSONS INJURED

Names	Addresses
_____	_____
_____	_____
Nature and Extent of Injuries _____	

Where Taken _____	
Attending Doctor _____	

**NAMES OF
WITNESSES**

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____

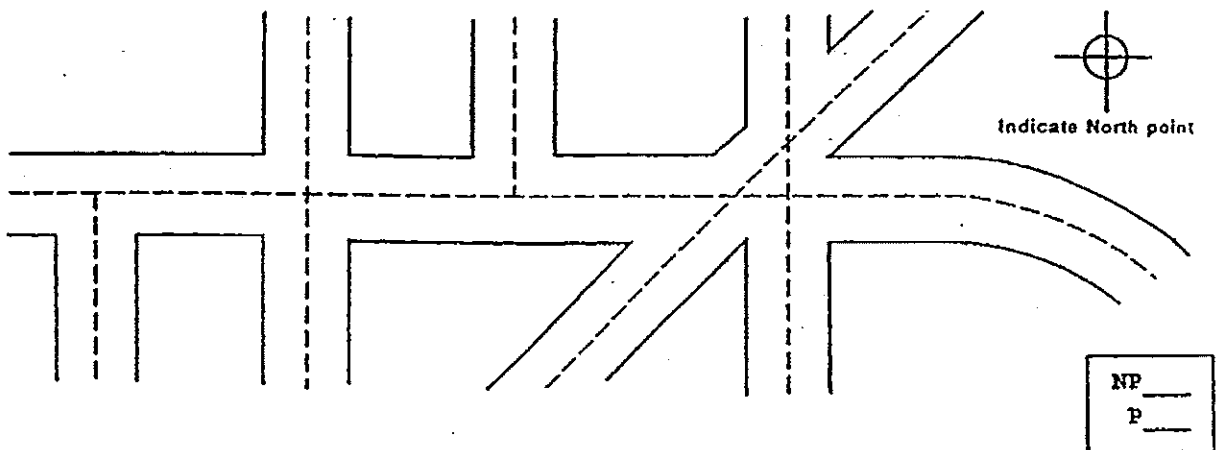
PERSONAL REPORT BY DRIVER

(IF EITHER DRIVER DISREGARDED ANY ORDINANCE, STATE WHO AND GIVE PARTICULARS. USE SEPARATE SHEET IF NECESSARY.)

DIAGRAM OF ACCIDENT

MAKE DIAGRAM AS COMPLETE AS POSSIBLE. SHOW ALL CAR TRACKS, VEHICLES, OR OTHER OBSTACLES THAT HAVE ANY BEARING ON ACCIDENT.

STREET _____
HIGHWAY _____



DRIVER'S SIGNATURE _____	DATE & TIME _____
REVIEWED BY (SUPERVISOR SIGNS) _____	DATE & TIME _____
REVIEWED BY (MANAGER SIGNS) _____	DATE & TIME _____

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**DEPARTMENT OF BUILDING INSPECTION
SUPERVISOR'S REPORT OF INCIDENT INVESTIGATION**

Name of Employee: _____ ☐ Injury/Illness

Department: _____ Classification: _____ Job Title: _____ ☐ Vehicle

☐ Incident

☐ Near Miss

Date of Incident: _____ Time of Incident: _____

Shift Start Time: _____ Supervisor/Title: _____

Location of Incident: _____

Environmental Conditions: _____
(weather, lighting, etc.)

Witnesses: _____

Copy of statements attached? ☐ Yes ☐ No

Police Notified? ☐ Yes ☐ No Police Report #: _____ Attach SFPD 105 Form

Date Provided Form DWC 1: _____

Employee Declined to Complete Form DWC 1? ☐ Yes ☐ No

1. Give details of the incident: (who, what, where, when & how; include all information in detail and attach extra sheets, if needed)

2. Medical Attention: Describe the injury in detail, include part of the body and nature of injury:

First Aid: ☐ Yes ☐ No If yes, what was done? _____

Transported by Ambulance? ☐ Yes ☐ No _____

Treated in Emergency Room? ☐ Yes ☐ No If yes, name & address _____

Initial Treatment Facility? ☐ Yes ☐ No If yes, name & address _____

Number of work days lost, if known: _____ Still off? ☐ Yes ☐ No

3. Describe any property, equipment and/or vehicle damage: include property brand name, model, color and serial number:

4. Required Safety Equipment and Personal Protective Equipment (PPE) worn? ☐ Yes ☐ No

List PPE worn: _____

5. Describe the unsafe act(s) or condition(s):

6. How can this incident be avoided in the future? Include Corrective Action Plan taken or to be taken to prevent reoccurrence. List responsible person(s) and completion dates:

7. Is there a Code of Safe Practices available for the related procedure?

☐ Yes If yes, was it reviewed? ☐ Yes ☐ No

☐ No If no, should there be? ☐ Yes ☐ No

Supervisor's signature: _____ Date: _____

Manager's signature: _____ Date: _____

Distribution: Submit to Safety Coordinator

**NOTICE OF SELF-INSURANCE
CITY AND COUNTY OF SAN FRANCISCO**

The City and County of San Francisco is self-insured pursuant to the §990 Government Code.

For information on filing a claim for damages please contact:

**Michael D. Haase
(415) 554-3952**

**Office of the City Attorney
Assistant Chief of Claims & Investigations
1390 Market Street, 7th Floor
San Francisco, CA 94102**

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION
NOTICE OF MOTOR VEHICLE ACCIDENT**

At _____ am/pm on ____ / ____ / ____ a city vehicle struck your vehicle or property.

Description of Damage _____

License #: _____ Make: _____ Color: _____

City vehicle ID #: _____ City vehicle license #: _____

Employee name : _____

Department: _____

For information on filing a claim for repair of damages please contact:

**Mike Haase
Phone # 415-554-3952**

**Office of the City Attorney
Assistant Chief of Claims & Investigations
1390 Market Street, 7th Floor
San Francisco, CA 94102**

Operator Instructions

Attention Operator: Complete the top and bottom portions of this form.

- Tear form above the line and place the top portion under the vehicle's wiper blade.
- Attach this bottom portion to your Equipment Accident Report.
- Complete the Equipment Accident Report.

Your name: _____

Your Vehicle ID#: _____ Your Vehicle License#: _____

Time: _____ Date: _____

License number of vehicle you hit: _____

Location: _____

