

OFD 6a-Vehicle Accident Report Tracking Document

Refer to SOP ADM 3-3 Fire Apparatus/Vehicle Accident Investigation

Complete and submit all forms and information within 48 Hours:

| | | | |
|------------------|------------------|--|----------------------|
| Date of Accident | _____ | Driver Name/ID# | _____ |
| Assignment | _____ | Apparatus | _____ |
| | Name/ID # | Initials | Date Received |
| Captain | _____ | _____ | _____ |
| Battalion Chief | _____ | _____ | _____ |
| A/C on Duty | _____ | _____ | _____ |
| 35- Day Limit | _____ | <i>Note to UNO: is it possible to have this become a read-only field that is auto-populated based on the 'Date of the Accident' information entered above?</i> | |

B/C shall ensure all reports are completed & sent to Safety Officer within 24 hours of accident.

Police Report is REQUIRED on all City vehicles involved in an accident OR property damage whether on public streets, private property or at the Fire Station.

Accident Checklist:

- 1. Generate OFD 025 Intradepartmental Communication**
 - Email to omafaccident_ofd25@cityofomaha.org
- 2. Complete LRS 101 City of Omaha Accident Report**
 - Include RB#, Officer Name, Badge #
- 3. Complete OFD 295 Vehicle Accident Witness Statement**
 - This report is for civilian statements only
- 4. Complete OFD 25a Accident Intradepartmental Communication - Driver**
- 5. Complete OFD 25a Accident Intradepartmental Communication - Supervisor**
- 6. Complete OFD 25a Accident Intradepartmental Communication - Other Personnel**
- 7. Complete OFD 31 Lost, Damaged or Stolen Equipment Report**
- 8. Complete OFD 127 Request for Services Form**
- 9. Call Law Department Investigator**
 - Call 444-5131 – Request report be faxed to SWD fax # 444-6378
 - You can leave a message with rig #, address of incident, date, time and RB #
- 10. Enter in Company Day Book**
- 11. Complete DR 41 State of Nebraska DMV Vehicle Accident Report**