

## OFD 6-IOD Tracking Document

### Refer to SOP ADM 3-2 Injury/Illness Reported Procedures and Limited Duty

#### **Complete and submit all forms and information within 48 Hours:**

Report #	<u>5241</u>	(Obtain from SWD Office)
Date of Injury	<u>01-05-2017</u>	Injured Name/ID # <u>Brent Van Scoy - 678</u>
Assignment	<u>E3</u>	Shift <u>B</u>

	<b>Name/ID #</b>	<b>Initials</b>	<b>Date Received</b>
Captain	<u>Jon Lee - 1215</u>	<u></u>	<u></u>
Battalion Chief	<u>Bill Bernard - 814</u>	<u></u>	<u></u>
A/C on Duty	<u>Tim McCaw - 952</u>	<u></u>	<u></u>
FRMS Incident #	<u>0012541</u>		

(All injuries must have FRMS incident ID # - if non-incident related, inform dispatch of your injury and need for an FRMS ID #)

CorVel ID # 055-WC-14-0000078 (CorVel TMC will initiate at time of call)

#### **IOD Checklist:**

- 1. Call CorVel at 800-825-9543**
  - CorVel will complete First Notification of Injury (NWCC) and submit NE Workman's Compensation Court Form.
- 2. Complete CorVel Work Ability Report Form**
  - Only if seeking medical attention. Complete "Employee Section" and sign at bottom.
- 3. Complete Investigation Report for Occupational Injury or Illness Form**
  - Both employee and supervisor must complete and sign.
- 4. Complete OFD 295a Injury Witness Statement Form**
- 5. Complete Employee's Choice of Physician or Doctor Form**
  - Two signatures required – both section A & B
- 6. Complete OFD 25 Injury Intradepartmental Communication Form**
  - Send as an attachment electronically to [OmafiOD@cityofomaha.org](mailto:OmafiOD@cityofomaha.org)
- 7. Complete FRMS Casualty & Narrative Tabs**
  - Fire Service & Fire Service Injury.
- 8. Complete in EPCR**
  - For all cases.
- 9. Document IOD in WorkForce**
  - Only if seeking medical attention.
- 10. Document in Operational Day Book and Personnel Record**

## 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	<u>01-05-2017</u>	Driver Name/ID#	<u>Tom Smith - 1025</u>
Assignment	<u>TR1</u>	Apparatus	<u>E3</u>

	<b>Name/ID #</b>	<b>Initials</b>	<b>Date Received</b>
Captain	<u>Al Cook - 549</u>	<u></u>	<u></u>
Battalion Chief	<u>Mike Pritchard - 681</u>	<u></u>	<u></u>
A/C on Duty	<u>Shane Hunter - 891</u>	<u></u>	<u></u>

35- Day Limit	<u>03-10-2017</u>	<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>
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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](mailto: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**