

 City of Norfolk	Operational General Order – 310		Accident Investigation
	Department of Police General Order		
	CALEA:	61.2,.3	
	VLEPSC:	OPR.07.05-.08	
LEGAL REVIEW DATE:	01/07/2011	PRESCRIBED DATE:	1-19-11
City Attorney:	<i>H. Hobson</i>	City Manager/Director of Public Safety:	<i>Stacy</i>
APPROVED BY THE AUTHORITY OF THE CHIEF OF POLICE:		<i>[Signature]</i>	

Office of Preparation: Strategic Management Division / acb

Purpose

This order outlines the policies and procedures related to the investigation of motor vehicle and water vessel accidents, including those involving Norfolk Police vehicles and water vessels.

Policy

The Norfolk Department of Police will investigate all reported accidents and will help the citizens and visitors of the city in receiving the appropriate care and assistance as needed.

Supersedes:

1. G.O. 96-021, dated May 14, 2009
2. Any previously issued directive conflicting with this order

Order Contents:

- I. Motor Vehicle Accidents
- II. Water Vessel Accidents
- III. Aircraft Accidents
- IV. Employees Involved in Accidents

I. Motor Vehicle Accidents (CALEA 61.2.1, .2) (VLEPSC OPR.07.05)

A. Accidents on Public Property

1. Virginia State Code requires that an officer respond to, investigate, and complete a FR 300P, Commonwealth of Virginia, Department of Motor Vehicles (DMV), Police Crash Report (paper or electronic form), Attachment A, for all motor vehicle accidents which occur on public property that involves:

- a. Death
- b. Personal injury
- c. Property damage totaling \$1,500 or more, (46.2-373)

These accidents are referred to as reportable accidents because the original Police Crash Report is required to be submitted to the DMV. (See Code References, Attachment B, Reference 1.)

2. An officer shall respond to, investigate and take the appropriate action at any accident scene which involves:

- a. Hit and run
- b. Driver impaired by alcohol or drugs
- c. Hazardous materials
- d. Disturbances between principals, owners, or operators of vehicles or property, e.g., fights or disputes
- e. Major traffic congestion

3. Virginia State Police

- a. The Virginia State Police (VSP) are generally responsible for reporting and investigating motor vehicle accidents which occur on the Interstate System, which includes the Downtown Tunnel, the Berkley Bridge and all associated ramps; and accidents that involve State-owned vehicles.
- b. Norfolk Police officers, whether dispatched or on routine patrol, who arrive on the scene of an accident within the City which is expected to be handled by State Police, shall advise the telecommunicator of the location and severity of the accident, and shall provide any assistance required.

- c. If the State Police are responding to the accident scene, Norfolk Police officers shall, when necessary, take the following actions until the State Police have arrived:
 - (1) Request additional assistance such as Fire-Rescue units or additional officers.
 - (2) Make the accident scene safe by alleviating any traffic hazards.
 - (3) Secure the accident scene and, if standing by is not required, resume patrol.
- d. Officers shall handle the accident investigation if:
 - (1) The State Police are unable to respond.
 - (2) The accident is non-reportable.
 - (3) The officer, prior to the arrival of the State Police, authorizes the towing of one or more of the vehicles involved, or has made an arrest.

Officers handling these accidents shall inform the telecommunicator that State Police response is not required.

B. Accidents on Private Property

- 1. An officer shall respond to, investigate, and complete a Police Crash Report regarding any accident occurring on private property and which involves:
 - a. Death
 - b. Serious personal injury (an injury which may result in death)
 - c. Hazardous materials

These accidents are referred to as non-reportable accidents because the original Police Crash Report is completed for City purposes, therefore, the reports shall not be submitted to the DMV.
- 2. An officer shall respond to, investigate, and take the appropriate action at any accident occurring on private property which involves:
 - a. Hit and run
 - b. Driver impaired by alcohol or drugs

- c. Disturbances between principals, owners, or operators of vehicles or property, e.g., fights or disputes
 - d. Reckless driving
- C. Police Crash Reports shall be completed in accordance with the FR 300M, Police Officer's Instruction Manual For Completing the Police Crash Report (FR 300P). Attachment C is the cover of the FR 300M.
 - 1. Commanding officers shall ensure that each officer is issued a copy of the FR 300M, Police Officer's Instruction Manual For Completing the Police Crash Report (FR 300P).
 - 2. Each officer is responsible for properly maintaining and updating their copy of the manual.
 - 3. All sections of the Police Crash Report shall be completed. In addition:
 - a. A crash diagram shall be drawn even if the involved vehicles have been moved prior to the officer's arrival at the accident scene. This information should be obtained from the operators/witnesses.
 - b. When writing the crash description, the investigating officer shall state that a defect existed only if the defect was observed by the officer, or there is clear evidence that such a defect existed at the time of the accident. Officers may also use statements made by drivers or witnesses regarding defects provided that such statements are so identified, e.g., "Driver of vehicle #1 stated that the signal was not working properly at the time of the accident."
 - c. Officers are to use the appropriate vehicle information listed on Distribution of Police Crash Reports and Related Paperwork, Attachment D, when Norfolk City vehicles and Norfolk Public School vehicles are involved in accidents. The vehicle's unit number shall also be noted on the report.
 - 4. Officers are to submit Police Crash Reports and related paperwork upon completion of accident investigations. This procedure is necessary to limit the number of supplemental reports submitted. Refer to Attachment D for distribution procedures.
 - 5. Reportable accident reports are required to be submitted to the DMV within 24 hours after the completion of the accident investigation. Supplemental reports should be kept to a minimum; however, at times when they are necessary, officers shall follow the guidelines outlined in the Police Officer's Instruction Manual For Completing the Police Crash Report (FR 300P).

6. Central Records Division (CRD) designated personnel shall enter information from Police Crash Reports in the Norfolk Police Department Records Management System and maintain a file copy as required by the Library of Virginia, Records Retention and Disposition Schedule.

D. Accident Dispatch Procedures

1. If a motor vehicle accident is reported to the Emergency Communications Center (ECC), the telecommunicator shall attempt to dispatch the district Traffic Unit officer. If the district Traffic Unit officer is not available, the nearest available traffic or patrol officer shall be dispatched to the accident.
2. If an officer arrives on the scene of an unreported accident, the officer shall advise the telecommunicator of the accident, and whether or not they are available to investigate the accident.

E. First Officer on the Scene

If the first officer on the scene is unable to complete the accident investigation, the officer shall be in charge of the accident scene and assume the responsibilities of the investigating officer until relieved from such duty.

F. Investigating Officer (CALEA 61.2.3) (VLEPSC OPR.07.06)

The investigating officer shall be responsible for the completion of assignments required by this section. If the investigating officer is not the first officer on the scene, they shall confer with the first officer on the scene.

1. Notify the telecommunicator of accidents involving:
 - a. Hazardous Materials
 - (1) Traffic accidents involving a hazardous material shall require special expertise. If a hazardous material is observed or suspected, the responding officer shall notify their supervisor and the telecommunicator, who shall contact the Field Commander and Fire-Rescue. Officers are to remain on the message, maintain a safe distance from the contaminated area, assist in establishing a containment area, and await further instructions.
 - (2) The Traffic Unit Motor Carrier Safety Team shall only respond if requested by Fire-Rescue, with the Field Commander's approval. Upon arrival, they shall be responsible for the criminal investigation of the incident.

b. Fire or Fire Hazard

When an accident involves a fire or a fire hazard, the officer shall advise the telecommunicator and request Fire-Rescue assistance. Officers shall, in hazardous conditions, advise the sector supervisor and the telecommunicator and attempt to clear the threatened area of nonessential personnel.

c. Injuries

Fire-Rescue shall be notified to respond to the scene of an accident when any of the following situations exist, even if the victim states to an officer that they do not wish to be evaluated and/or treated:

- (1) Observable physical injuries.
- (2) The victim is experiencing signs or symptoms indicative of a possible medical condition or displays a visible physiological impairment (e.g., dizziness, slurred speech, confusion, etc.)
- (3) Accidents involving pinned or trapped occupant(s).
- (4) The dynamics of the accident leads the officer to believe that internal injuries could be possible.

d. Traffic Fatalities

- (1) The Traffic Unit, Fatality Investigation Team (Fatality Team) shall be notified to investigate all accidents which result in a fatality or serious personal injury that may result in a fatality, except those involving hit and run.
- (2) Hit and run accidents involving a fatality or serious personal injury that may result in a fatality shall be investigated by the Detective Division. In this case, the Fatality Team shall assist with the crash dynamics (complete the Police Crash Report) to include a reconstruction of the accident.
- (3) When a traffic fatality or potential fatality occurs between 2330 and 0700 hours, a street supervisor shall be dispatched to the scene. It shall be the supervisor's responsibility to assess the seriousness of the injury.
- (4) If there are injuries from which the supervisor believes a fatality may result or a fatality has occurred, the supervisor shall:

- (a) Secure and protect the accident scene as a major crime scene.
 - (b) Notify the telecommunicator to call out the Forensic Unit, Fatality Team, and an investigator assigned to the Detective Division for hit and run accidents.
 - (c) Remain in charge of the scene until the arrival of the Fatality Team or an investigator assigned to the Detective Division.
 - (d) If a Fatality Team member is needed, an on-duty or on-call Fatality Team member shall respond to the accident. A monthly on-call list shall be maintained by the ECC.
- (5) Refer to G.O. OPR-320: Driving Under the Influence (DUI), for cases involving DUI vehicular homicides.
 - (6) Under no circumstances shall officers solicit family members or the next of kin for organ donations. Organ donations shall be coordinated under the direction of the medical examiner.
 - (7) In cases of fatality or serious personal injury, a follow-up investigation may be necessary. Follow-up fatality investigations shall be completed in accordance with the Traffic Unit Standard Operating Procedures (SOP) Manual.
2. Perform Traffic Direction and Control (CALEA 61.3) (VLEPSC OPR.07.08)
- a. A safe traffic pattern around the accident scene shall be established. The investigating officer shall determine the amount and type of traffic direction to be used.
 - (1) Additional officers, flares, traffic cones, and portable signs shall be deployed as needed. Caution should be used when using flares at or near the scene of hazardous materials.
 - (2) A police unit may be used as a protective barrier with the use of warning signals and the vehicle's lights, e.g., emergency lights, hazard lights, and headlights.
 - (3) Officers shall wear their issued reflective vests when directing traffic. Officers shall use a flashlight when directing traffic at night. Officers will use uniform hand signals/gestures for manual traffic direction/control.

- (4) Officers shall take the following precautions for traffic accidents, disabled vehicles, or hazards in or near any tunnel:
 - (a) Prior to entering any tunnel against the flow of traffic, clearance should be obtained from tunnel personnel.
 - (b) Emergency flares shall not be used inside or at the openings of tunnels.
- b. Officers shall expedite the clearing of the roadway, except in cases when the accident scene is or may be determined to be a crime scene. This includes, but is not limited to persons, vehicles, debris from the roadway, engine oil, engine coolant or other hazardous fluids, etc.

3. Accident Scene Investigation and Evidence Collection (CALEA 61.2.4)

Information and evidence should be collected at the accident scene. This should include, but is not limited to the following:

- a. Locate and interview operators and witnesses; make sure to obtain names, addresses, and telephone numbers. This should be done at the scene, whenever practical.
- b. Examine/record vehicle damage.
- c. Examine/record effects of accident on the roadway, e.g., scrapes in the surface, broken curbing caused by the accident, nature and location of debris, etc.
- d. Measure, as appropriate, skid marks, road dimensions, and landmark locations, etc. (Required for fatalities and serious personal injuries.)
- e. Take photographs, as appropriate. (Required for fatalities and serious personal injuries.)
- f. Collect and preserve evidence.

4. Safeguarding Property (VLEPSC OPR.07.07)

Officers shall safeguard property belonging to the owners or operators of vehicles who have left or been moved from the scene. When no responsible party is available to secure property, officers shall follow the department's procedures for vouchering and/or towing as it relates to vehicles and personal property.

5. Complete Necessary Paperwork

- a. FR 300P, Police Crash Report, if required by this order. Officers shall offer an explanation to citizens involved in non-reportable accidents the reason why the accident shall not be investigated by the Police Department.
- b. PD 18, Incident Report (IBR), for all reportable offenses, e.g., hit and run accidents, etc.
- c. PD 621, Crash Exchange Sheet/Field Notes, is a series of forms used to provide information to principal parties involved in traffic accidents. The forms used depend on the number of involved parties, e.g., vehicles, pedestrians, owners of damaged property, etc.
 - (1) Officers shall complete the top section of PD 621A or PD 621B, referred to as the Crash Exchange Sheet. PD 621A is designed for two party accidents and PD 621B for three or more party accidents.
 - (2) Copies of the Crash Exchange Sheet shall be separated and given to each principal party involved in the traffic accident.
 - (3) Officers have the option of completing the remainder of PD 621A or PD 621C, referred to as Field Notes. However, it is recommended that the Field Notes be completed in order to assist investigating officers in completing Police Crash Reports.
 - (4) Original Crash Exchange Sheet/Field Notes may be retained by investigating officers.
 - (5) Officers shall forward either the original or a photocopy of the Crash Exchange Sheet/Field Notes to the CRD for all non-reportable accidents. CRD shall maintain Crash Exchange Sheets/Field Notes as required by the Library of Virginia, Records Retention and Disposition Schedule.
- d. Officers may subpoena witnesses, who shall testify to the facts of the case, by filing one of the following forms with the appropriate court:
 - (1) A PD 538, Subpoena for Witness. Officers must serve this subpoena to the witness at the scene of the accident. Instructions for distribution are listed on the subpoena.
 - (2) A DC-325, Request for Witness Subpoena.

- e. FR 422A, DMV Confirmation of Liability Insurance, shall be utilized to conduct insurance checks to verify that motor vehicle operators are insured or have paid the uninsured motor vehicle fee.
 - (1) The Confirmation of Liability Insurance form may also be used in situations involving other traffic cases when insurance coverage is questionable. If used, officers shall not issue a traffic summons for no liability insurance.
 - (2) The Confirmation of Liability Insurance form shall be distributed according to the annotation at the bottom of the form. DMV's copy shall be forwarded to the CRD which shall in turn send it to the DMV.
- f. MED 3, DMV Medical Review Request, shall be completed by officers requesting that an operator's driving qualifications be re-examined. The request must describe the circumstances which led the officer to believe that the operator's ability to operate a motor vehicle is impaired, e.g., medical, vision, written, and/or driving skills. Medical Review Request forms shall be reviewed and approved by a supervisor before being sent to the DMV.

6. Law Enforcement

- a. Officers shall check for valid driver's license, current vehicle registration, etc., and take the appropriate police action for any violation discovered.
- b. Arrests and summonses shall be based upon the totality of the investigation. An officer may arrest without a warrant upon reasonable grounds as a result from personal investigation, including information obtained from eyewitnesses. (See Code References, Attachment B, Reference 2). If the officer has evidence that a driver committed a traffic violation, the driver may be charged with that violation. Charging both drivers with a violation and "letting the judge decide" is an unacceptable practice.
- c. Officers may issue summonses at the scene of any accident or hospital/medical facility in which a person involved in the accident has been transported.
- d. Accident victims are not required to get into police vehicles for the purpose of completing paperwork, including issuing summonses, unless the officer has reason to believe a physical arrest may be necessary.
- e. Officers must not determine civil liability for accidents. Determining fault is a civil matter to be decided by the courts.

- f. Officers shall not encourage or suggest in any way, directly or indirectly, that persons involved in any accident should:
 - (1) Take civil action
 - (2) Consult a doctor
 - (3) Seek legal assistance
 - (4) Settle the accident themselves without notifying their insurance companies
- g. Officers shall neither mention nor recommend any specific doctor, attorney, or wrecker company, other than to explain the City's towing policy and procedures.

G. Quality Control

- 1. All Police Crash Reports and related paperwork shall be reviewed for completeness and correctness and signed by the officer's supervisor prior to command submission.
- 2. Lieutenants shall periodically review subordinates' Police Crash Reports to ensure adequate supervisory reviews are being accomplished. Lieutenants noting patterns of deficiency in the supervisory review process shall take appropriate corrective action.
- 3. Individual commands shall list each day's Police Crash Reports on PD 718, Report Tracking Sheet. This form and the Police Crash Reports shall be hand-carried to the CRD within twenty-four hours of the completion of the accident investigation.
- 4. CRD personnel shall verify the submission of Police Crash Reports listed on the Report Tracking Sheet for accuracy and shall sign their name, noting the date and time of receipt. A copy shall be forwarded to the submitting command and the original shall be filed in the CRD as required by the Library of Virginia, Records Retention and Disposition Schedule.
- 5. Incomplete or Incorrect Police Crash Reports
 - a. When an incomplete or incorrect Police Crash Report is received, the CRD shall complete a PD 751, Quality Control Form, indicating the corrective action required.
 - b. A copy of the Police Crash Report and the Quality Control Form shall be maintained by the CRD. The original Police Crash Report and Quality Control Form shall be forwarded to the originating command for correction and returned to the CRD by the officer's next working day.

- c. CRD shall maintain a log of all Police Crash Reports needing correction and shall note when corrective action was completed.

II. Water Vessel Accidents

- A. Water vessel accident reports are required for all incidents involving:
 1. Loss of life
 2. Disappearance from a vessel
 3. An injury which requires medical treatment beyond first-aid
 4. Property damage in excess of \$500.00
 5. Complete loss of vessel
- B. The Virginia Marine Resource Commission (VMRC) or the U.S. Coast Guard (USCG) is responsible for taking water vessel accident reports.
- C. If available, the Harbor Patrol Unit may stand by and/or assist with these accidents until the Virginia Marine Resource Commission or the U.S. Coast Guard responds.

III. Aircraft Accidents

- A. Patrol Division Responsibilities
 1. The first police unit on the scene shall assess the situation and immediately relay all pertinent information to the telecommunicator. This unit shall also be responsible for preserving the scene and all evidence until relieved from duty. The investigating officer shall determine whether responsibility is to be relinquished to the State Police or to a federal investigative agency assigned to the accident.
 2. The senior ranking police officer at the scene shall ensure that sufficient officers are present to:
 - a. Render assistance to Fire-Rescue personnel.
 - b. Note any damage incurred by the aircraft during the removal of the victims (e.g., by removal of seats, cutting of wires, seat belts).
 - c. Secure and preserve the scene of the accident and provide for crowd control, and exclude all unauthorized personnel from the crash site.
 - d. If necessary, the Norfolk Department of Police's Emergency Action Plan shall be implemented.

3. In addition to the preceding steps, all components of the Incident Command System, set forth in G.O. OPR-610: Incident Command System (ICS), shall be implemented as necessary.

B. Telecommunicator Responsibilities

1. Upon notification of an aircraft accident, the telecommunicator shall obtain as much information as necessary and perform the following:
 - a. Dispatch appropriate Fire-Rescue units.
 - b. Dispatch the patrol sector supervisor and sufficient patrol units.
 - c. Notify the Field Commander.
 - d. Notify an investigator in the Detective Division and on-duty Detective Division supervisor.
2. In the event of a major aircraft accident involving multiple injuries and/or deaths, the Coordinator of Emergency Services shall be notified.

C. Detective Division Responsibilities

1. The Homicide Unit shall be responsible for investigating aircraft accidents and ensuring that sufficient investigators are assigned.
2. The investigator assigned to the case shall obtain the preliminary information and shall immediately notify the:
 - a. Federal Aviation Administration.
 - b. Nearest military facility if a military aircraft is involved in the accident.
3. At the conclusion of the investigation, the assigned Detective Division investigator shall complete and submit the Commonwealth of Virginia Aircraft Accident Report, Attachment F, to the proper agencies.

D. State Police Investigations

1. Aircraft accidents which occur on, or involve any part of, the Norfolk International Airport and/or the interstate highway, shall be investigated by the State Police, unless the State Police requests the Norfolk Department of Police to handle the investigation. This does not limit Departmental personnel from assisting the State Police in their investigation.
2. Should the State Police decline to investigate, the investigator assigned shall be responsible for conducting the investigation as prescribed in State Codes §§ 5.1-23, Jurisdiction of local and State Police, and 5.1-145,

Enforcement under Department of State Police or Commission; concurrent jurisdiction for investigations of accidents.

3. When required, Detective Division investigators shall assist state/federal investigators with the investigation and provide them with all information gathered.

IV. Employees Involved in Accidents

A. General Information

1. Norfolk City Code requires “truthful reporting” by employees as a condition of defense or indemnification in civil claim situations. (See Code References, Attachment B, Reference 3.)
 - a. Employees are eligible for coverage if they meet the requirements in this code and are truthful, even if they are at fault.
 - b. In many police vehicle accident cases there is an immunity defense which may be available to an officer. If, however, an officer is discredited because they have not been truthful, that defense is lost.
2. Employees shall not admit liability following an accident involving a City vehicle or while on-duty. Nor shall employees engage in conversation or controversy at the scene, except to exchange essential identification. Liability matters shall be handled by the City’s Department of Finance and Business Services, Risk Management or the City Attorney’s Office.
3. Supervisors may require employees involved in a work-related accident to undergo drug and alcohol testing. Refer to the City of Norfolk, Employee’s Policies and Procedures Manual, Substance Abuse and Drug-free Work Place Policy, for further guidelines.
4. Employees shall contact the City Attorney’s Office upon being charged with an accident-related offense, summons or physical arrest, while operating a City vehicle or on-duty.
5. All reports of accidents involving police vehicles shall initially be reviewed by the investigating supervisor for correctness and completeness. This shall include accidents involving police cars, trucks, vans, boats, bicycles, motorcycles, jet skis, ATV’s, etc.

B. Procedures for accidents involving police vehicles occurring within City limits.

1. The operator of the vehicle involved shall report the accident and command assignment to the ECC.
2. The telecommunicator shall take the following actions:
 - a. Dispatch the appropriate traffic or patrol officer.

- b. Notify the involved employee's supervisor to respond. If the employee's supervisor is not available, the appropriate patrol sector supervisor shall respond to the scene for supervisory purposes.
 - c. Notify the Field Commander to respond. If the Field Commander is not available, the sector supervisor shall assume field command responsibilities. This may include notifying the Field Commander of the facts or seriousness and nature of the accident or the completion of the field command report.
 - d. Notify the Forensic Unit. Personnel shall respond and photograph the scene and damage to vehicle(s).
 3. Reports and forms shall be prepared by the investigating officer and the investigating supervisor as indicated on the PD 553, Accident Forms Check-Off List.
 4. Police Department personnel who are involved in a police vehicle accident shall be subpoenaed to appear in Traffic Court as witnesses by the investigating officer whenever the other party is either arrested or issued a traffic summons as a result of the accident.
 5. Personnel may be required to appear before the Accident Review Board as described in Section IV.F. of this order.
- C. Procedures for accidents involving police vehicles occurring outside City limits.
 1. The driver shall report the accident immediately to:
 - a. Appropriate local or state police.
 - b. The Norfolk ECC, which shall notify the Field Commander.
 - c. The employee's commanding officer via the chain of command.
 2. The driver of the vehicle shall complete the Investigating Officer portion of the PD 553, Accident Forms Check-Off List and submit it to their supervisor. The supervisor shall complete the remainder of the form and submit it to the Traffic Unit, Traffic Analysis Officer, via their commanding officer. The supervisor shall also attempt to secure a copy of the Police Crash Report, if a reportable accident has occurred, from the investigating authority.
 3. Personnel may be required to appear before the Accident Review Board as described in Section IV.F. of this order.

D. Procedures for accidents involving off-duty sworn personnel in private vehicles within City limits.

1. Whenever an off-duty officer is involved in a reportable vehicular accident within City limits, the officer shall report the accident and command assignment to the telecommunicator as promptly as possible.
2. The telecommunicator shall take the following actions:
 - a. Dispatch the appropriate traffic or patrol officer.
 - b. Notify the involved employee's supervisor to respond. If the employee's supervisor is not available, the appropriate patrol sector supervisor shall respond to the scene for supervisory purposes.
 - c. Notify the Field Commander to respond. If the Field Commander is not available, the sector supervisor shall assume field command responsibilities. This may include notifying the Field Commander of the facts or seriousness and nature of the accident or the completion of the field command report.

E. Reportable Offenses and other Damage to Police Vehicles

1. If a reportable offense (e.g., vandalism, damage to public property, etc.) involves a police vehicle, only an IBR shall be completed and submitted to the CRD. Refer to Attachment D for distribution procedures.
2. If damage occurs to a police vehicle, not involving a reportable offense, only the FR 300P, Police Crash Report, shall be completed in the same manner as for non-reportable accidents for City purposes. Refer to Attachment D for distribution procedures.

F. Accident Review Board

1. The Accident Review Board, at the direction of the Chief of Police, shall convene at 1000 hours on the third Thursday of each month, unless otherwise directed by the chairperson. The board shall be comprised of department supervisors and trainers. The Chief of Police or chairperson may summon individuals to appear as witnesses or advisors. Refer to Attachment E for a list of board members.
2. The Accident Review Board shall review:
 - a. Vehicle Accidents
 - (1) All vehicular accidents involving Police Department employees operating police vehicles shall be referred to the board when the employee may have contributed to the cause of the accident.

- (2) Vehicular accidents in which the operator was clearly not at fault, or whose actions in no way contributed to the accident, shall not be referred to the board, e.g., City vehicle is rear-ended while stopped at a traffic light.
- (3) The Police Crash Report and any recommendations from the Field Commander or investigating supervisor shall be reviewed by the operator's commanding officer or manager. The commanding officer or manager shall determine whether the accident should be reviewed by the board, requiring the operator to appear before the board. This recommendation shall be noted in the upper right hand corner of the PD 553, Accident Forms Check-Off List.
- (4) The Chief of Police, Senior/Assistant Chiefs, or chairperson reserves the right to call any case for review regardless of command recommendation.

b. Police Vehicular Pursuits

All police vehicular pursuit reports, written in accordance with the procedures set forth in G.O. OPR-710: Operation of Police Vehicles, and available evidence shall be forwarded to the Officer in Charge of the Traffic Unit for review by the Accident Review Board.

c. Compensation for Damaged, Destroyed or Lost Personal Property

All requests for compensation for damaged, destroyed or lost personal property shall be forwarded to the Accident Review Board. Refer to G.O. ADM-520: City Owned Property, for additional guidelines.

3. The board shall review cases in the following order:

- a. Supervisors
- b. Employees working nights
- c. Employees working days
- d. Employees working overlap
- e. Employees working evenings
- f. Employees on their day off

4. Review Process

- a. Employees shall receive a notice requiring them to appear before the board to have their case reviewed.
- b. The appropriate report shall be forwarded to the Accident Review Board. In an accident case, the employee's accident record, which is maintained by the Traffic Analysis Officer, shall also be provided to the board.
- c. After the board reviews the report, the employee shall be summoned to appear and provide their account of the incident. The employee should also be prepared to present any evidence or witnesses as necessary. Each board member shall then be afforded an opportunity to question the employee and any witnesses.
- d. After the employee has been excused, the case shall then be discussed and board members shall vote on the issue at hand. The determination shall be based on majority opinion. Ties shall be broken by the chairperson.
 - (1) The board members shall vote as to whether the accident was preventable or non-preventable on the part of the operator. If the board determines that the accident was preventable, the employee's accident record shall be reviewed. The board's recommendations shall be governed by G.O. ADM-220: Disciplinary Procedures.
 - (2) The board shall determine whether or not the officer's involvement during the pursuit was within departmental procedures. If an officer's actions were not within the procedures, the board's recommendation shall be governed by G.O. ADM-220: Disciplinary Procedures.
 - (3) The board's recommendations regarding requests for the compensation for personal property shall be governed by G.O. ADM-520: City Owned Property.
- e. The chairperson shall forward the board's recommendations to the Chief of Police.
- f. Upon notification of the board's decision in accident cases, the Traffic Analysis Officer shall update the employee's accident record and send a copy to the Personnel Division for inclusion in the employee's personnel jacket.
- g. Should any disciplinary action be rescinded or reduced, the Office of Professional Standards shall notify the Traffic Analysis Officer, who shall update the employee's accident record and forward a copy to the Personnel Division for inclusion in the employee's personnel jacket.

Definitions

Public Property: Highways, roadways, streets, or public parking lots, etc., which are owned or maintained by the city or state.

Private Property: Residential property, commercial property, and/or private property which is open to the public, such as shopping centers.

Related Documents:

1. G.O. ADM-220: Disciplinary Procedures
2. G.O. ADM-330: Workers' Compensation
3. G.O. ADM-410: Property and Evidence
4. G.O. ADM-420: Virginia Uniform Summons
5. G.O. ADM-453: Records Retention
6. G.O. ADM-520: City Owned Property
7. G.O. OPR-320: Driving Under the Influence (DUI)
8. G.O. OPR-340: Towing
9. G.O. OPR-415: Incident Based Reporting (IBR)
10. G.O. OPR-610: Incident Command System (ICS)
11. G.O. OPR-710: Operation of Police Vehicles
12. G.O. OPR-730: Court Appearances
13. Police Officer's Manual (Article I, Section 2.2)
14. City of Norfolk Policies and Procedures Manual

Attachments:

- A. FR 300P, Commonwealth of Virginia, Department of Motor Vehicles, Police Crash Report
- B. Code References
- C. FR 300M, Virginia Department of Motor Vehicles, Police Officer's Instruction Manual For Completing the Police Crash Report (FR 300P), Cover Only
- D. Distribution of Police Crash Reports and Related Paperwork
- E. Accident Review Board Members
- F. Commonwealth of Virginia Aircraft Accident Report

Police Crash Report



Revised Report

CRASH			GPS Lat.			GPS Long.							
Crash Date	MM	DD	YYYY	Day of Week	MILITARY Time (24 hr clock)	County of Crash			Official DMV Use				
<input type="radio"/> City of <input type="radio"/> Town of			Landmarks at Scene										
Location of Crash (route/street)						Railroad Crossing ID no. (if within 150 ft.)			Local Case Number				
<input type="radio"/> At Intersection With or _____			<input type="checkbox"/> Miles	<input type="checkbox"/> Feet	<input type="radio"/> N	<input type="radio"/> S	<input type="radio"/> E	<input type="radio"/> W	Location of Crash (route/street)			Mile Marker Number	Number of Vehicles

VEHICLE # <input type="text"/>											
DRIVER											
Driver's Name (Last, First, Middle)											Driver Fled Scene <input type="radio"/>
Address (Street and Number)											Gender <input type="radio"/> M <input type="radio"/> F
City			State			ZIP					
Birth Date	MM	DD	YYYY	Drivers License Number			State	DL	CDL		
Safety Equip. Used		Air Bag	Ejected	Date of Death		Injury Type	EMS Transport				
Summons Issued As Result of Crash		Offenses Charged to Driver									

VEHICLE # <input type="text"/>											
DRIVER											
Driver's Name (Last, First, Middle)											Driver Fled Scene <input type="radio"/>
Address (Street and Number)											Gender <input type="radio"/> M <input type="radio"/> F
City			State			ZIP					
Birth Date	MM	DD	YYYY	Drivers License Number			State	DL	CDL		
Safety Equip. Used		Air Bag	Ejected	Date of Death		Injury Type	EMS Transport				
Summons Issued As Result of Crash		Offenses Charged to Driver									

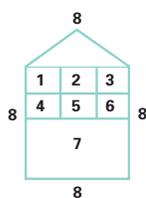
VEHICLE											
Vehicle Owner's Name (Last, First, Middle)											Same as Driver <input type="radio"/>
Address (Street and Number)											
City			State			ZIP					
Vehicle Year	Vehicle Make	Vehicle Model		Disabled	CMV	Towed					
Vehicle Plate Number				State	Approximate Repair Cost						
VIN						<input type="radio"/> Oversize <input type="radio"/> Cargo Spill					
Name of Insurance Company (not agent)											<input type="radio"/> Override <input type="radio"/> Underride
Speed Before Crash	Speed Limit	Maximum Safe Speed	Under 8	ALL Passengers Age Count			Over 21				

VEHICLE											
Vehicle Owner's Name (Last, First, Middle)											Same as Driver <input type="radio"/>
Address (Street and Number)											
City			State			ZIP					
Vehicle Year	Vehicle Make	Vehicle Model		Disabled	CMV	Towed					
Vehicle Plate Number				State	Approximate Repair Cost						
VIN						<input type="radio"/> Oversize <input type="radio"/> Cargo Spill					
Name of Insurance Company (not agent)											<input type="radio"/> Override <input type="radio"/> Underride
Speed Before Crash	Speed Limit	Maximum Safe Speed	Under 8	ALL Passengers Age Count			Over 21				

PASSENGER (only if injured or killed)												
Name of Injured (Last, First, Middle)						EMS Transport	Date of Death					
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender						
Name of Injured (Last, First, Middle)						EMS Transport	Date of Death					
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender						
Name of Injured (Last, First, Middle)						EMS Transport	Date of Death					
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender						

PASSENGER (only if injured or killed)												
Name of Injured (Last, First, Middle)						EMS Transport	Date of Death					
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender						
Name of Injured (Last, First, Middle)						EMS Transport	Date of Death					
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender						
Name of Injured (Last, First, Middle)						EMS Transport	Date of Death					
Position In/On Vehicle	Safety Equip Used	Airbag	Ejected	Injury Type	Birthdate	Gender						

Codes



POSITION IN/ON VEHICLE

1. Driver
- 2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
- 9-98. All Other Passengers

SAFETY EQUIPMENT USED

1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

AIRBAG

1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination

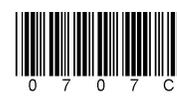
EJECTED FROM VEHICLE

1. Not Ejected
 2. Partially Ejected
 3. Totally Ejected
- SUMMONS ISSUED AS A RESULT OF CRASH**
1. Yes
 2. No
 3. Pending

INJURY TYPE

1. Dead Before Report Made
2. Visible Signs of Injury, as Bleeding Wound or Distorted Member or Had to be Carried From Scene.
3. Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
4. No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness.
6. No Injury (driver only)

Investigating Officer	Badge/Code Number	Agency/Department Name and Code	Reviewing Officer	Report File Date
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Police Crash Report

Revised Report

CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="radio"/> City of <input type="radio"/> Town of	Local Case Number
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CRASH INFORMATION

Location of First Harmful Event In Relation to Roadway C1

- 1. On Roadway
- 2. Shoulder
- 3. Median
- 4. Roadside
- 5. Gore
- 6. Separator
- 7. In Parking Lane or Zone
- 8. Off Roadway, Location Unknown
- 9. Outside Right-of-Way

Weather Condition C2

- 1. No Adverse Condition (Clear/Cloudy)
- 3. Fog
- 4. Mist
- 5. Rain
- 6. Snow
- 7. Sleet/Hail
- 8. Smoke/Dust
- 9. Other
- 10. Blowing Sand, Soil, Dirt, or Snow
- 11. Severe Crosswinds

Light Conditions C3

- 1. Dawn
- 2. Daylight
- 3. Dusk
- 4. Darkness - Road Lighted
- 5. Darkness - Road Not Lighted
- 6. Darkness - Unknown Road Lighting
- 7. Unknown

Traffic Control Mechanical Device C4

- 1. Yes - Working
- 2. Yes - Working and Obscured
- 3. Yes - Not Working
- 4. Yes - Not Working and Obscured
- 5. Yes - Missing
- 6. No Traffic Control Device Present

Traffic Control Type C5

- 1. No Traffic Control
- 2. Officer or Flagger
- 3. Traffic Signal
- 4. Stop Sign
- 5. Slow or Warning Sign
- 6. Traffic Lanes Marked
- 7. No Passing Lines
- 8. Yield Sign
- 9. One Way Road or Street
- 10. Railroad Crossing With Markings and Signs
- 11. Railroad Crossing With Signals
- 12. Railroad Crossing With Gate and Signals
- 13. Other
- 14. Pedestrian Crosswalk
- 15. Reduced Speed - School Zone
- 16. Reduced Speed - Work Zone
- 17. Highway Safety Corridor

Roadway Alignment C6

- 1. Straight - Level
- 2. Curve - Level
- 3. Grade - Straight
- 4. Grade - Curve
- 5. Hillcrest - Straight
- 6. Hillcrest - Curve
- 7. Dip - Straight
- 8. Dip - Curve
- 9. Other
- 10. On/Off Ramp

Roadway Surface Condition C7

- 1. Dry
- 2. Wet
- 3. Snowy
- 4. Icy
- 5. Muddy
- 6. Oil/Other Fluids
- 7. Other
- 8. Natural Debris
- 9. Water (Standing, Moving)
- 10. Slush
- 11. Sand, Dirt, Gravel

Roadway Surface Type C8

- 1. Concrete
- 2. Blacktop, Asphalt, Bituminous
- 3. Brick or Block
- 4. Slag, Gravel, Stone
- 5. Dirt
- 6. Other

Roadway Description C9

- 1. Two-Way, Not Divided
- 2. Two-Way, Divided, Unprotected Median
- 3. Two-Way, Divided, Positive Median Barrier
- 4. One-Way, Not Divided
- 5. Unknown

Roadway Defects C10

- 1. No Defects
- 2. Holes, Ruts, Bumps
- 3. Soft or Low Shoulder
- 4. Under Repair
- 5. Loose Material
- 6. Restricted Width
- 7. Slick Pavement
- 8. Roadway Obstructed
- 9. Other
- 10. Edge Pavement Drop Off

Relation to Roadway C11

Interchange Area:

- 1. Main-Line Roadway
- 2. Acceleration/Deceleration Lanes
- 3. Gore Area (Between Ramp and Highway Edgelines)
- 4. Collector/Distributor Road
- 5. On Entrance/Exit Ramp
- 6. Intersection at end of Ramp
- 7. Other location not listed above within an interchange area (median, shoulder and roadside)

Intersection Area:

- 8. Non-Intersection
- 9. Within Intersection
- 10. Intersection-Related - Within 150'
- 11. Intersection-Related - Outside 150'

Other Location:

- 12. Crossover Related
- 13. Driveway, Alley-Access - Related
- 14. Railway Grade Crossing
- 15. Other Crossing (Crossings for Bikes, School, etc.)

Intersection Type C12

- 1. Not at Intersection
- 2. Two Approaches
- 3. Three Approaches
- 4. Four Approaches
- 5. Five-Point, or more
- 6. Roundabout

Work Zone Related C13

- 1. Yes
- 2. No

Work Zone Workers Present C14

- 1. With Law Enforcement
- 2. With No Law Enforcement
- 3. No Workers Present

Work Zone Location C15

- 1. Advance Warning Area
- 2. Transition Area
- 3. Activity Area
- 4. Termination Area

Work Zone Type C16

- 1. Lane Closure
- 2. Lane Shift/Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 5. Other

School Zone C17

- 1. Yes
- 2. Yes - With School Activity
- 3. No

Type of Collision C18

- 1. Rear End
- 2. Angle
- 3. Head On
- 4. Sideswipe - Same Direction
- 5. Sideswipe - Opposite Direction
- 6. Fixed Object in Road
- 7. Train
- 8. Non-Collision
- 9. Fixed Object - Off Road
- 10. Deer
- 11. Other Animal
- 12. Pedestrian
- 13. Bicyclist
- 14. Motorcyclist
- 15. Backed Into
- 16. Other



Police Crash Report

Revised Report

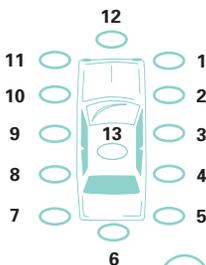
CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="checkbox"/> City of <input type="checkbox"/> Town of	Local Case Number
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CRASH DIAGRAM

VEHICLE #

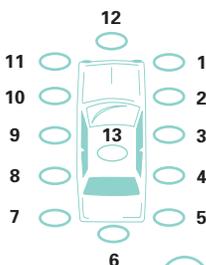
Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel—N/S/E/W

VEHICLE #

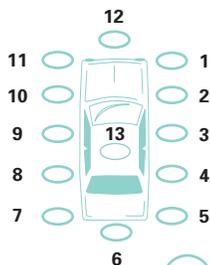
Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel—N/S/E/W

VEHICLE #

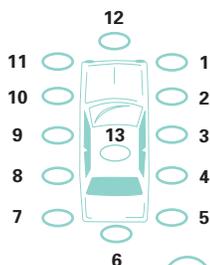
Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel—N/S/E/W

VEHICLE #

Fill In Impact Area(s).
Initial Impact.



Veh Dir of Travel—N/S/E/W

Indicate North by Arrow

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost	Object Struck (Tree, Fence, etc.)	Property Owners Name (Last, First, Middle)	Address (Street and Number)	VDOT Property <input type="checkbox"/> Yes <input type="checkbox"/> No
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CRASH DESCRIPTION

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

First Harmful Event of Entire Crash that Results in First Injury or Damage.

COLLISION WITH FIXED OBJECT

- | | |
|---|---------------------------|
| 1. Bank Or Ledge | 10. Other |
| 2. Trees | 11. Jersey Wall |
| 3. Utility Pole | 12. Building/Structure |
| 4. Fence Or Post | 13. Curb |
| 5. Guard Rail | 14. Ditch |
| 6. Parked Vehicle | 15. Other Fixed Object |
| 7. Tunnel, Bridge, Underpass, Culvert, etc. | 16. Other Traffic Barrier |
| 8. Sign, Traffic Signal | 17. Traffic Sign Support |
| 9. Impact Cushioning Device | 18. Mailbox |

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- | | |
|--------------------------------|----------------------------|
| 19. Pedestrian | 24. Work Zone |
| 20. Motor Vehicle In Transport | Maintenance Equipment |
| 21. Train | 25. Other Movable Object |
| 22. Bicycle | 26. Unknown Movable Object |
| 23. Animal | 27. Other |

NON-COLLISION

- | | |
|-------------------------|-----------------------------------|
| 28. Ran Off Road | 35. Cross Median |
| 29. Jack Knife | 36. Cross Centerline |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc) |
| 31. Downhill Runaway | 38. Immersion |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle |
| 33. Explosion or Fire | 40. Thrown or Falling Object |
| 34. Separation of Units | 41. Non-Collision Unknown |
| | 42. Other Non-Collision |



Police Crash Report

Revised Report

CRASH

Crash Date	MM DD YYYY	MILITARY Time (24 hr clock)	County of Crash	<input type="checkbox"/> City of <input type="checkbox"/> Town of	Local Case Number
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COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

- A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR) Any Motor Vehicle That Seats 9 or More People, Including the Driver A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight

AND The crash resulted in:

- A fatality:** any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash **OR** **An injury:** any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene **OR** **A tow-away:** any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

VEHICLE

Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement P9
<input type="checkbox"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="checkbox"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="checkbox"/> 3. Bus (Seats 9-15 People, Including Driver) <input type="checkbox"/> 4. Bus (Seats for 16 People or More, Including Driver) <input type="checkbox"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="checkbox"/> 6. Single Unit Truck (3 or More Axles) <input type="checkbox"/> 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] <input type="checkbox"/> 8. Truck Tractor (Bobtail) <input type="checkbox"/> 9. Tractor/Semi-trailer (One Trailer) <input type="checkbox"/> 10. Tractor/Doubles (Two Trailers) <input type="checkbox"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	<input type="checkbox"/> 1. Bus (Seats 9-15 People, Including Driver) <input type="checkbox"/> 2. Bus (Seats For 16 People or More, Including Driver) <input type="checkbox"/> 3. Van/Enclosed Box <input type="checkbox"/> 4. Cargo Tank <input type="checkbox"/> 5. Flatbed <input type="checkbox"/> 6. Dump <input type="checkbox"/> 7. Concrete Mixer <input type="checkbox"/> 8. Auto Transporter <input type="checkbox"/> 9. Garbage/Refuse <input type="checkbox"/> 10. Grain/Chips/Gravel <input type="checkbox"/> 11. Pole-Trailer <input type="checkbox"/> 12. Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13. Intermodal Container Chassis <input type="checkbox"/> 14. Logging <input type="checkbox"/> 15. Other Cargo Body (Not Listed Above) <input type="checkbox"/> 16. Not Applicable/ No Cargo Body	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class DRL (regular drivers license) <input type="checkbox"/> Class M	<input type="checkbox"/> T-Double Trailer <input type="checkbox"/> P-Passenger Vehicle <input type="checkbox"/> N-Tank Vehicle <input type="checkbox"/> H-Required To Be Placarded for Hazardous Materials <input type="checkbox"/> X-Combined Tank/HAZMAT <input type="checkbox"/> O-Other
		GVWR/ V12 GCWR	<input type="checkbox"/> 1. 10,000 lbs. or Less <input type="checkbox"/> 2. 10,001-26,000 lbs. <input type="checkbox"/> 3. Greater Than 26,000 lbs.

Hazardous Material

Hazardous Material Placard: Y N

If yes: HM 4-Digit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HM Placard Name _____	HM Class <input type="checkbox"/> <input type="checkbox"/>	HM Cargo Present <input type="checkbox"/> Y <input type="checkbox"/> N	HM Cargo Released <input type="checkbox"/> Y <input type="checkbox"/> N
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Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)		
Carrier's ID Number	State (Intrastate Only)	City	State Zip
US DOT#			

Commercial/Non-Commercial V13
 1. Interstate Carrier
 2. Intrastate Carrier
 3. Not in Commerce-Government (Trucks and Buses)
 4. Not in Commerce-Other Truck (Over 10,000 lbs.)

VEHICLE

Vehicle Configuration V10	Cargo Body Type V11	License Class P8	Commercial Endorsement P9
<input type="checkbox"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="checkbox"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="checkbox"/> 3. Bus (Seats 9-15 People, Including Driver) <input type="checkbox"/> 4. Bus (Seats for 16 People or More, Including Driver) <input type="checkbox"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="checkbox"/> 6. Single Unit Truck (3 or More Axles) <input type="checkbox"/> 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] <input type="checkbox"/> 8. Truck Tractor (Bobtail) <input type="checkbox"/> 9. Tractor/Semi-trailer (One Trailer) <input type="checkbox"/> 10. Tractor/Doubles (Two Trailers) <input type="checkbox"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above)	<input type="checkbox"/> 1. Bus (Seats 9-15 People, Including Driver) <input type="checkbox"/> 2. Bus (Seats For 16 People or More, Including Driver) <input type="checkbox"/> 3. Van/Enclosed Box <input type="checkbox"/> 4. Cargo Tank <input type="checkbox"/> 5. Flatbed <input type="checkbox"/> 6. Dump <input type="checkbox"/> 7. Concrete Mixer <input type="checkbox"/> 8. Auto Transporter <input type="checkbox"/> 9. Garbage/Refuse <input type="checkbox"/> 10. Grain/Chips/Gravel <input type="checkbox"/> 11. Pole-Trailer <input type="checkbox"/> 12. Vehicle Towing Another Motor Vehicle <input type="checkbox"/> 13. Intermodal Container Chassis <input type="checkbox"/> 14. Logging <input type="checkbox"/> 15. Other Cargo Body (Not Listed Above) <input type="checkbox"/> 16. Not Applicable/ No Cargo Body	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class DRL (regular drivers license) <input type="checkbox"/> Class M	<input type="checkbox"/> T-Double Trailer <input type="checkbox"/> P-Passenger Vehicle <input type="checkbox"/> N-Tank Vehicle <input type="checkbox"/> H-Required To Be Placarded for Hazardous Materials <input type="checkbox"/> X-Combined Tank/HAZMAT <input type="checkbox"/> O-Other
		GVWR/ V12 GCWR	<input type="checkbox"/> 1. 10,000 lbs. or Less <input type="checkbox"/> 2. 10,001-26,000 lbs. <input type="checkbox"/> 3. Greater Than 26,000 lbs.

Hazardous Material

Hazardous Material Placard: Y N

If yes: HM 4-Digit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HM Placard Name _____	HM Class <input type="checkbox"/> <input type="checkbox"/>	HM Cargo Present <input type="checkbox"/> Y <input type="checkbox"/> N	HM Cargo Released <input type="checkbox"/> Y <input type="checkbox"/> N
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Carrier Identification

Commercial Motor Carrier Name	Address (P.O. Box if No Street Address)		
Carrier's ID Number	State (Intrastate Only)	City	State Zip
US DOT#			

Commercial/Non-Commercial V13
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 2. Intrastate Carrier
 3. Not in Commerce-Government (Trucks and Buses)
 4. Not in Commerce-Other Truck (Over 10,000 lbs.)



Police Crash Report

Revised Report

CRASH		Crash Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MILITARY Time (24 hr clock) <input type="text"/>	County of Crash <input type="text"/>	<input type="checkbox"/> City of	Local Case Number <input type="text"/>
						<input type="checkbox"/> Town of	

PEDESTRIAN # <input type="text"/>	
Name of Injured (Last, First, Middle) <input type="text"/>	
Address (Street and Number) <input type="text"/>	
City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/>
Driver's License # <input type="text"/>	State <input type="text"/>
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N
Injury Type <input type="text"/>	Birthdate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date of Death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PEDESTRIAN # <input type="text"/>	
Name of Injured (Last, First, Middle) <input type="text"/>	
Address (Street and Number) <input type="text"/>	
City <input type="text"/>	State <input type="text"/> ZIP <input type="text"/>
Driver's License # <input type="text"/>	State <input type="text"/>
Gender <input type="radio"/> M <input type="radio"/> F	EMS Transport <input type="radio"/> Y <input type="radio"/> N
Injury Type <input type="text"/>	Birthdate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date of Death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Ped # <input type="text"/>	Ped # <input type="text"/>
Pedestrian Actions P10	
<input type="radio"/> 1. Crossing At Intersection With Signal	<input type="radio"/> 11. Hitching On Vehicle
<input type="radio"/> 2. Crossing At Intersection Against Signal	<input type="radio"/> 12. Walking In Roadway With Traffic - Sidewalks Available
<input type="radio"/> 3. Crossing At Intersection No Signal	<input type="radio"/> 13. Walking In Roadway With Traffic - Sidewalks Not Available
<input type="radio"/> 4. Crossing At Intersection Diagonally	<input type="radio"/> 14. Walking In Roadway Against Traffic - Sidewalks Available
<input type="radio"/> 5. Crossing Not At Intersection - Rural	<input type="radio"/> 15. Walking In Roadway Against Traffic - Side Walks Not Available
<input type="radio"/> 6. Crossing Not At Intersection - Urban	<input type="radio"/> 16. Working In Roadway
<input type="radio"/> 7. Coming From Behind Parked Cars	<input type="radio"/> 17. Standing In Roadway
<input type="radio"/> 8. Getting Off Or On School Bus	<input type="radio"/> 18. Lying In Roadway
<input type="radio"/> 9. Playing In Roadway	<input type="radio"/> 19. Not In Roadway
<input type="radio"/> 10. Getting Off Or On Another Vehicle	<input type="radio"/> 20. Other

Ped # <input type="text"/>	Ped # <input type="text"/>
Pedestrian Drinking P11	
<input type="radio"/> 1. Had Not Been Drinking	<input type="radio"/> 2. Drinking-Obviously Drunk
<input type="radio"/> 3. Drinking-Ability Impaired	<input type="radio"/> 4. Drinking-Ability Not Impaired
<input type="radio"/> 5. Drinking-Not Known Whether Impaired	
Condition of Pedestrian Contributing to the Crash P12	
<input type="radio"/> 1. No Defects	<input type="radio"/> 2. Eyesight Defective
<input type="radio"/> 3. Hearing Defective	<input type="radio"/> 4. Other Body Defects
<input type="radio"/> 5. Illness	<input type="radio"/> 6. Fatigued
<input type="radio"/> 7. Apparently Asleep	<input type="radio"/> 8. Other

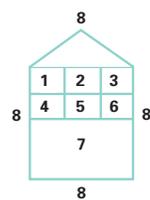
Ped # <input type="text"/>	Ped # <input type="text"/>
Method of Alcohol Determination by Police P13	
<input type="radio"/> 1. Blood	<input type="radio"/> 2. Breath
<input type="radio"/> 3. Refused	<input type="radio"/> 4. No Test
Pedestrian Drug Use P14	
<input type="radio"/> 1. Yes	<input type="radio"/> 2. No
<input type="radio"/> 3. Unknown	
Pedestrian Wear Reflective Clothing P15	
<input type="radio"/> 1. Yes	<input type="radio"/> 2. No

Use sections below for additional passengers.

VEHICLE # <input type="text"/>	
PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle) <input type="text"/>	EMS Transport <input type="radio"/> Y <input type="radio"/> N
	Date of Death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Position In/On Vehicle <input type="text"/>	Safety Equip Used <input type="text"/>
Airbag <input type="text"/>	Ejected <input type="text"/>
Injury Type <input type="text"/>	Birthdate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Gender <input type="radio"/> M <input type="radio"/> F

VEHICLE # <input type="text"/>	
PASSENGER (only if injured or killed)	
Name of Injured (Last, First, Middle) <input type="text"/>	EMS Transport <input type="radio"/> Y <input type="radio"/> N
	Date of Death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Position In/On Vehicle <input type="text"/>	Safety Equip Used <input type="text"/>
Airbag <input type="text"/>	Ejected <input type="text"/>
Injury Type <input type="text"/>	Birthdate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Gender <input type="radio"/> M <input type="radio"/> F

Codes



- POSITION IN/ON VEHICLE**
1. Driver
 - 2-6. Passengers
 7. Cargo Area
 8. Riding/Hanging On Outside
 - 9-98. All Other Passengers

- SAFETY EQUIPMENT USED**
1. Lap Belt Only
 2. Shoulder Belt Only
 3. Lap and Shoulder Belt
 4. Child Restraint
 5. Helmet
 6. Other
 7. Booster Seat
 8. No Restraint Used
 9. Not Applicable

- AIRBAG**
1. Deployed - Front
 2. Not Deployed
 3. Unavailable/Not Applicable
 4. Keyed Off
 5. Unknown
 6. Deployed - Side
 7. Deployed - Other (Knee, Air Belt, etc.)
 8. Deployed - Combination

- EJECTED FROM VEHICLE**
1. Not Ejected
 2. Partially Ejected
 3. Totally Ejected
- SUMMONS ISSUED AS A RESULT OF CRASH**
1. Yes
 2. No
 3. Pending

- INJURY TYPE**
1. Dead Before Report Made
 2. Visible Signs of Injury, as Bleeding Wound or Distorted Member or Had to be Carried From Scene.
 3. Other Visible Injury, as Bruises, Abrasions, Swelling, Limping, etc.
 4. No Visible Injury, But Complaint of Pain, or Momentary Unconsciousness.

Code References

Reference 1:

Virginia State Code, Section 46.2-373, Report by law-enforcement officer investigating accident.

Reference 2:

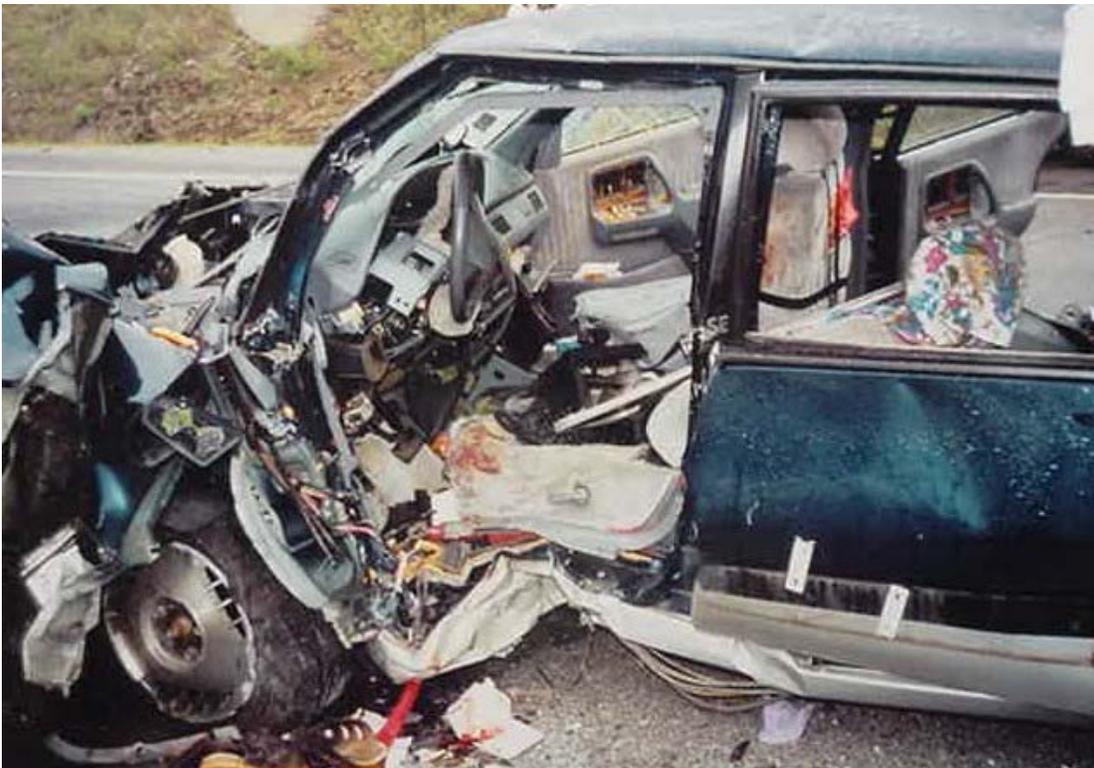
Virginia State Code, Section 19.2-81, Arrest without warrant authorized in certain cases.

Reference 3:

Norfolk City Code, Section 2-155, Defense by city attorney of city council, officers and employees, and members of boards and commissions appointed by council; costs and expenses therefor.

FR300M (Rev 10/07)

Police Officer's Instruction Manual for Completing the Police Crash Report (FR300P)



Virginia Department of Motor Vehicles

Distribution of Police Crash Reports and Related Paperwork

Norfolk City Vehicles and Norfolk Public School Vehicles involved in accidents will be listed as follows:

Norfolk City Vehicles
City of Norfolk
810 Union Street
Norfolk, VA 23510
Insurance: Self-Insured

Norfolk Public School Vehicles
Norfolk School Board
800 E. City Hall Avenue
Norfolk, VA 23510
Insurance: Self-Insured

Distribution of FR 300P, Police Crash Reports, for Reportable Accidents

Officers are required to respond, investigate, and complete a Police Crash Report for reportable accidents, accidents involving a death, injury, or property damage totaling \$1,000 or more occurring on public property. These reports are required to be forwarded to DMV and will be distributed as follows:

Page 1	DMV Copy	Commands will forward original to CRD, which will send the report to DMV, located in Richmond, Virginia. CRD will be responsible for maintaining a copy.
Page 2	Agency Copy	Commands will forward copy to Traffic Unit, Traffic Analysis Officer.
Page 3	Agency Copy	Investigating officer's copy.

Distribution of FR 300P, Police Crash Reports, for Non-reportable Accidents

Accidents that do not meet the requirements for reporting to DMV, non-reportable accidents, but require Police Crash Reports to be completed for City reporting purposes will be marked accordingly. The words "CITY REPORT" will be printed in the upper right hand corner within the block marked "OFFICIAL USE ONLY". These reports will be disseminated as follows:

Page 1	DMV Copy	Commands will forward original to CRD. CRD will be responsible for maintaining a copy.
Page 2	Agency Copy	Commands will forward copy to Traffic Unit, Traffic Analysis Officer.
Page 3	Agency Copy	Investigating officer's copy.

Distribution of Police Crash Reports and Related Paperwork

Police Vehicle Accidents

The FR 300P, Police Crash Report, will be routed as usual. The reporting command will make 2 photocopies, which will be disseminated as follows:

Copy 1	Retained by the employee's command. Remaining copy will be attached to a copy of the PD 553, Accident Forms Check-Off List, along with any other related reports and forwarded to Traffic Unit, Traffic Analysis Officer.
Copy 2	The Traffic Analysis Officer will provide the Accident Review Board with a copy of the FR 300P and ensure that a copy is placed in the employee's accident record. A copy, hard or electronic, will be sent to the following:
	<ul style="list-style-type: none">• Department of Finance and Business Services, Fleet Management.
	<ul style="list-style-type: none">• Personnel Division, for inclusion in the employee's personnel file.
	<ul style="list-style-type: none">• Department of Finance and Business Services, Risk Manager (A copy should be forwarded within 48 hours from the completion of the accident investigation.)
	<ul style="list-style-type: none">• Human Resources, Safety and Disability Management Office.

Reportable Offenses and Other Damage to Police Vehicles

In cases of reportable offenses (e.g., vandalism, damage to public property, etc.), only an IBR will be completed according to G.O. 99-001: Incident Based Reporting, and forwarded to CRD.

When damage other than offense-related occurs, the FR 300P, Police Crash Report will be completed and the words "CITY REPORT" printed in the upper right hand corner within the block marked "OFFICIAL USE ONLY" for City reporting purposes.

The reporting command will be responsible for notifying the command in which the vehicle is assigned, completing the appropriate paperwork, and making 2 photocopies and disseminating the report as follows:

Copy 1	Department of Finance and Business Services, Fleet Management.
Copy 2	Department of Finance and Business Services, Risk Manager (A copy should be forwarded within 48 hours from the completion of the accident investigation.)

ACCIDENT REVIEW BOARD MEMBERS

1. Chairperson – Assistant Chief of Police, Field Operations Bureau (unless otherwise directed by the Chief of Police)
2. First Patrol Division - Commanding Officer, or designated supervisor
3. Second Patrol Division - Commanding Officer, or designated supervisor
4. Third Patrol Division - Commanding Officer, or designated supervisor
5. Commanding Officer, or designated supervisor, of employee attending the Accident Review Board
6. Traffic Unit – Officer in Charge (OIC), or designated supervisor
7. Defensive Driving Instructor - designated by the Training Director
8. Additional department supervisors or instructors may be designated at the discretion of the Chief of Police or the Chairperson

VIII. Aircraft:

1. Make _____ Model _____
Serial No. _____ Identification No. _____
2. Owner (Name and Address) _____

3. Virginia Aircraft License No. _____ Date Issued _____
4. Engine Make _____ Model _____ Horse Power _____
5. Aircraft Damage _____

IX. Collision Accidents (If accident involved collision with other aircraft, complete the following information pertaining to other aircraft):

1. FAA No. _____ Make _____
Model _____ Serial No. _____
2. Virginia Aircraft License No. _____ Date Issued _____
2. Owner (Name and Address) _____

X. Description of Accident:

XI. Witness:

1. Name _____ Address _____
2. Name _____ Address _____
3. Remarks:

XII. VIRGINIA LAW VIOLATED: (Code of Virginia, Title 5, Aviation and the Aviation Board's Regulations governing the licensing of aircraft and airports, and the operations of aircraft in the Commonwealth of Virginia.)

XIII. Action Taken:

Date of Investigation: _____

Investigating Agency:

Investigator

State Police

Department of Aviation