1. PURPOSE

1.1 This bulletin is issued to set forth guidelines for the reporting of motor vehicle accidents/incidents involving FDNY apparatus.

2. SCOPE

2.1 This bulletin applies to all FDNY personnel.

3. POLICY

3.1 An Apparatus Accident Report (CD-19) and a Chief Officer's Apparatus Accident Investigation Report (CD-19A) shall be forwarded to the Safety Command for ALL Fire Department ACCIDENTS and INCIDENTS. (See Addendum 1)

3.2 Whenever the driver or operator of any Department apparatus, vehicle, or equipment is involved in a major accident as defined in Section 4.5, he/she shall be tested for the presence of illegal drugs and/or alcohol.

Note: When a civilian alleges that the Department is responsible for an accident the civilian should be informed that he/she may file a notice of claim by calling the Comptroller's Office at (212) 669-8750. The Comptroller investigates each claim to verify the occurrence, the reasonableness of the bill, and the department's responsibility, if any, for the incident. The officer on duty must make a journal entry of the allegations. All reports required by Regulations must be forwarded.

4. DEFINITIONS

4.1 APPARATUS

All motor vehicles assigned to the New York City Fire Department shall be considered apparatus. In addition, for accident reporting purposes, member's private vehicles, when authorized for use on Department business, are also considered apparatus.

4.2 ACCIDENT

An apparatus accident is defined as any vehicle related event that results in injury or property damage (excluding vandalism), even when damage is minor and may not be repaired, or an injury to a member caused by a fall or being thrown from a moving apparatus.
4.3 INCIDENT
A vehicle related occurrence that results in damage to a Department vehicle when the vehicle is properly parked, or damage that is discovered during routine inspection of the vehicle. Minor injuries, serious injuries or fatal injuries to members while operating on a parked apparatus shall also be defined as an incident.

Note 1. An allegation that a Department vehicle caused damage to a civilian vehicle or property should be treated as an incident.

Note 2. Damage to a civilian vehicle caused by a properly parked apparatus operating at alarms, (e.g., a tower ladder outrigger damaging a parked car) inspection activities, MUD, should be treated as an incident; CD19 and CD19A should be prepared.

4.4 MINOR ACCIDENT
An apparatus accident that results in either minor to moderate damage to the Department vehicle or to a civilian vehicle or property. An accident that results in no injuries, or minor injuries to civilians and/or to members.

4.5 MAJOR ACCIDENT
An apparatus accident that results in either significant damage to the Department or civilian vehicle, or to private property. Any accident that results in serious injury or death to a civilian or member.

4.6 PROPERLY PARKED APPARATUS

4.6.1 Apparatus parked in apparatus quarters shall be considered properly parked.

4.6.2 Apparatus that is parked at a distance from, or not parallel to the curb, or is double or even triple-parked at fires, emergencies, or false alarms shall be considered properly parked, unless an investigating Chief Officer feels the member in charge of the apparatus could have selected an available alternate site in a less exposed position.

A. This same guideline applies to unorthodox parking at Multi-Unit Drills.

4.6.3 While on routine duties, apparatus shall be considered properly parked if parked in compliance with Safety Bulletin No. 3, "Parking of Fire Apparatus on AFID."
5. **ACCIDENT DETERMINATION**

5.1 If the investigating Battalion Chief deems it appropriate, in questionable cases (e.g., numerous injuries, unusual circumstances), the Battalion Chief shall consult with the Division Chief and a Safety Battalion Chief prior to making such determination. The Battalion’s cellular phone is appropriate for such consultation.

5.1.1 The Safety Battalion Chief is authorized to downgrade or upgrade an accident should information later come to light which makes such a change appropriate.

5.1.2 The Safety Battalion Chief will be notified by the Bureau of Fire Communications about all accidents, shall respond to all major accidents, and may respond to minor accidents.

6. **ACTIONS TO BE TAKEN BY OFFICER / MEMBER IN COMMAND**

6.1 Preliminary report to dispatcher.

6.1.1 Give the assigned command/facility of the unit involved.

6.1.2 Give the location of accident/incident.

6.1.3 Request additional assistance, if necessary.

6.1.4 Indicate whether unit was responding to or returning from an alarm/assignment or other duties.

6.1.5 Advise the number and type of injuries to members or civilians, if any.

6.1.6 If involved unit was transporting a patient, advise if an additional ambulance will be required.

6.1.7 Advise whether accident is major or minor.

6.1.8 Advise whether apparatus is remaining at scene or proceeding.
6.2 Identification and Stabilization of Accident Scene.

6.2.1 Upon being involved in a vehicular accident/incident, Officers and members must realize that their primary initial obligation is to prevent the accident from increasing in magnitude.

6.2.2 While operating at an accident scene, actions to be taken shall include, but not be limited to, the following:

   A. Sizing-up the scene.
   B. Placing members to direct traffic.
   C. Placing traffic cones and road flares as detour markers.
   D. Placing Department vehicles with warning lights turned on in strategic locations.
   E. Closing the thoroughfare to all traffic, if necessary, to prevent other vehicles from becoming involved or compounding the accident.
   F. Identifying and treating injured members and/or civilians.

6.2.3 Members directing traffic at night must:

   A. Be equipped with flashlights and personal protective clothing for increased visibility.
   B. Be alert to drivers of oncoming vehicles who may not see them and be prepared to take necessary evasive action.
   C. Warn any endangered personnel operating at the accident scene.

6.3 Secondary report to the dispatcher (as soon as possible).

6.3.1 Additional assistance required.

   A. Police.
   B. Additional Fire Department Units (e.g., Ambulance, Rescue, Engine, SOC Support Ladder, Mechanic).

6.3.2 Whether the accident is major or minor, if not given in preliminary report, as determined by the Battalion Chief at the scene.
6.4 Notification to Fire Department Operations Center (FDOC)

6.4.1 Battalion Chiefs should be aware that timely notification to Fire Department Operations Center is required whenever a Fire Department vehicle is involved in an accident. This includes vehicles assigned to EMS, Support Services, and Fire Prevention. As soon as possible after returning to quarters from the accident scene, the Battalion Chief responsible for conducting the investigation shall email a completed FOC-1 report to Fire Department Operations Center at FDOC@fdny.nyc.gov, followed by a phone call to FDOC at (718) 999-7900 to verify receipt of email. The FOC-1 report can be accessed via the forms section of the FDNY intranet.

6.5 Procedures - Major accidents.

6.5.1 At Major Accidents - DO NOT MOVE VEHICLES - EXCEPT AS INDICATED BELOW.

A. The fact that one lane of traffic is blocked, or that motorists are temporarily inconvenienced due to traffic conditions, does not warrant moving the involved vehicles.

B. Accidents occurring on city streets rarely justify moving the involved vehicles at an accident scene.

1. If an accident occurs during periods of light or moderately fast moving traffic, the potential for another accident being caused is increased. The involved vehicles may then have to be moved to a position of safety.

2. The member in charge must exercise good judgment. The prevention of additional accidents and/or injuries at an accident scene should be the determining factor as to whether or not to move the vehicles that have been involved in an accident.

6.5.2 If it becomes imperative to move apparatus or other vehicles, the following procedures shall be adhered to:

A. The location of tires (if double wheeled, then the outside tire only) of all involved vehicles shall be marked with "T" shaped marks indicating:

1. the outside edge of each tire, and

2. the center-line of the axle of each wheel (Fig. 1).

B. In addition, if a tractor trailer or other large vehicle is involved, the four corners of the vehicle shall be marked (Fig. 2).

C. Marks shall be made with lumber crayon, chalk, or any other means at hand. Marks shall be made to withstand traffic wear after vehicles are removed, or shall be renewed as necessary, until the arrival of the Safety Battalion or the Photo Unit, unless such renewal would present a hazard to the members.

Rev. 06/11/08
Corner Marks

Fig. #1

Corner Marks

Fig. #2
7. **NOTIFICATIONS BY DISPATCHER**

7.1 **All Accidents:**

7.1.1 Nearest available Battalion Chief.

7.1.2 Safety Battalion Chief.

7.1.3 Police Department.

7.1.4 Emergency Operations Center.

7.2 **Major Accidents:**

7.2.1 Nearest available Battalion Chief.

7.2.2 Nearest available Deputy Chief.

7.2.3 Safety Battalion Chief.

7.2.4 On duty EMS Chief or EMS Response Chief.

7.2.5 Nearest EMS Supervisor (if injuries to members).

7.2.6 Medical Officer.

7.2.7 Office of Medical Affairs Physician on call.

7.2.8 Bureau of Investigations and Trials.

7.2.9 Photo Unit.

7.2.10 Police Department.

7.2.11 Emergency Operations Center.

7.2.12 Other notifications as outlined in Dispatchers Action Guide.

8. **FILLING OUT THE APPARATUS ACCIDENT REPORT (CD-19)**

8.1 The *Apparatus Accident Report* (CD-19) shall be prepared by the Officer in charge or operator of the apparatus at the time of the accident/incident. If such Officer or operator is injured, or there is no Officer with the apparatus, another member at the scene shall gather the information required to fill out the CD-19. The CD-19 shall then be prepared by an Officer assigned to the unit involved in the apparatus accident/incident.
8.2 The CD-19 may be prepared at the accident scene. The preparer shall type or print neatly, using a ball point pen, and forward the original and one copy. **Reports Must Be Legible. Illegible and/or Incomplete Reports Will Be Returned.**

8.3 The purpose of this form is to gather the maximum information in a concise report while providing ease of preparation. However, neither the form itself nor the following instructions shall be construed to be restrictive. If the member preparing the report feels additional information is pertinent, such information shall be entered on a separate 8 ½" x 11" sheet of paper, the page properly numbered, and attached to the CD-19.

9 **MAKING ENTRIES ON THE BODY OF THE REPORT (See Addendum 1)**

9.1 The notation at the top right side of the form, PAGE ____ OF ____ PAGES, need be filled in only if more than one form is required to report the accident, or if it is necessary to attach a plain sheet of paper containing additional information.

9.2 Additional forms are required if an accident involves more than one apparatus, more than one civilian vehicle, more than two civilian pedestrians or bicyclists (not motorcyclists - a motorcycle is a motor vehicle), or more than four people injured.

9.3 If the attachment is one sheet with additional information, the entry should be PAGE 1 OF 2 PAGES, and the attached sheet shall be marked at the top, PAGE 2 of 2 PAGES.

9.4 If the attachment is a second CD-19, the same entry, PAGE 1 OF 2 PAGES, should be made on the first CD-19 and PAGE 2 OF 2 PAGES shall be marked on the second.

9.5 It is possible that more than one sheet, more than one form, or a combination of forms and sheets will be required to properly report an accident. In such cases, number the pages as indicated above, e.g., PAGE 1 OF 4 PAGES, PAGE 2 OF 4 PAGES, PAGE 3, etc.

10. **REPORT IDENTIFICATION INFORMATION**
SAFETY BULLETIN 56/EMS OGP 107-03
APPARATUS ACCIDENT REPORTS

June 26, 1998

10.1 SAFETY BATTALION - enter the name of Safety Chief investigating the accident. Enter N/A if a Safety Chief is not investigating.

10.2 BOX NO./CAD NO. - enter the box number or CAD number assigned to the incident, if any. Use both numbers if applicable.

10.3 BOROUGH – indicate the borough in which the accident/incident occurred, Manhattan - MN, Bronx - BX, Brooklyn - BK, Queens - QN, or Staten Island - SI.

10.4 TYPE OF ACCIDENT - indicate whether the accident was an incident, a minor accident or a major accident.

10.5 ACCIDENT DATE - indicate numerically, the month, day, and the year the accident took place, e.g., 09/14/97.

10.6 TIME - the time the accident occurred, expressed in military time.

10.7 DAY OF WEEK – indicate the day of the accident

10.8 PLACE OF OCCURRENCE - enter the name or number of the street on which the accident/incident occurred. If the accident/incident occurred on a street or highway on which houses or businesses are numbered, indicate the address nearest the accident/incident scene, e.g., IFO (in front of) 415 W. 32nd St. If no house numbering system exists, attempt to indicate a reference point that could be used to locate the accident/incident, e.g., a service station, supermarket, etc. If the accident/incident occurred outside the five boroughs, include the county and state.

10.9 # OF VEHS - enter the total number of vehicles involved. Do not include pedestrians or bicyclists.

10.10 UNIT - enter the Fire Department unit designation of the apparatus or the bureau to which the apparatus is assigned (e.g., Communications, Buildings Shops, Fleet Services) involved in the accident/incident.

10.11 VEH # - enter the vehicle number of the apparatus involved in the accident/incident.

10.12 PLATE # - enter the Fire Department registration or license plate number of the apparatus.

10.13 TYPE - enter tiller type ladder apparatus as TILL, tower ladder apparatus as TL, and rear mount ladder apparatus as RM. Sedans shall be entered as SED, suburbans as SUB, station wagons as SW and ambulance as AMB. Use a T to denote service trucks. Units using a distinctive type apparatus such as engine or rescue companies, satellites, etc., need not make an entry in this box.

10.14 REGISTRATION # - enter the FDNY registration number (e.g., SL9701H).

10.15 YEAR - enter the year of vehicle’s manufacture.

10.16 ASSIGNED BATTALION/DIVISION - enter the Battalion and Division to which the unit involved in the accident/incident is assigned.
10.17 CIV INJ, FDNY INJ, CIV KILLED, FDNY KILLED - enter the number of Fire Department personnel and/or civilians injured or killed.

10.18 NAME OF INVESTIGATING BATT CHIEF - enter the name and number of the Battalion Chief who is investigating the accident.

10.19 NAME OF INVESTIGATING DIV CHIEF - enter the name and number of the Division Chief who is investigating the accident.

10.20 LIGHTS/SIRENS - indicate whether emergency lights and/or siren were used (YES/NO).

10.20 Responding To - indicate whether the unit was responding to an incident (e.g., fire emergency/EMS assignment) or to a hospital.

10.21 ON SCENE - indicate whether unit was on the scene at an incident (e.g., fire, emergency, EMS assignment) or at a hospital.

10.22 OTHER - indicate whether the unit was on the air for any other reason, e.g., AFID, Multi-Unit Drill (MUD), or patrol.

10.23 RESPONSE AREA - indicate whether unit was in their normal response/operational area.

10.24 RELOCATED - indicate whether unit was relocated to another unit.

10.25 TYPE OF RESPONSE - indicate whether unit was responding to a fire, emergency, or EMS assignment.

10.26 ALARM/ASSIGNMENT RECEIVED - indicate the mode of communication used to receive alarm/assignment.

10.27 10-CODE - indicate the ten code that was transmitted for the alarm or assignment to which the unit was responding.

10.28 ASSIGNED - indicate the time the unit was assigned.

10.29 HOURS ON DUTY - indicate number of hours the Chauffeur/operator has been on duty.

10.30 VEHICLE STATUS - indicate whether apparatus was in or out of service after the occurrence.
11. DRIVER INFORMATION BOX, VEHICLE 1

<table>
<thead>
<tr>
<th>VEHICLE #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST NAME-CHAUFFEUR/DRIVER</td>
</tr>
<tr>
<td>ASSIGNED UNIT</td>
</tr>
<tr>
<td>DRIVER’S LIC</td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
</tr>
<tr>
<td>LAST NAME-OFFICER</td>
</tr>
<tr>
<td>ASSIGNED UNIT</td>
</tr>
<tr>
<td>LAST NAME-TILLERMAN</td>
</tr>
<tr>
<td>ASSIGNED UNIT</td>
</tr>
<tr>
<td>SUMMONS ISSUED</td>
</tr>
<tr>
<td>NAME</td>
</tr>
</tbody>
</table>

11.1 The left side of the form, under the heading VEHICLE #1, requires information about Fire Department personnel involved in an accident situation.

11.1.1 LAST NAME - CHAUFFEUR/DRIVER FIRST NAME MI - enter the Chauffeur’s/driver’s full name as it appears on his/her driver’s license.

A. If the member uses a different name for Department business, enter that name in the DESCRIPTION OF ACCIDENT section.

11.1.2 ASSIGNED UNIT - enter the unit to which the Chauffeur/driver is regularly assigned.

11.1.3 RANK - enter the Chauffeur’s/driver’s rank.

11.1.4 BADGE # - enter Chauffeur’s/driver’s badge number.

11.1.5 DRIVER’S LICENSE - check box to indicate if Chauffeur has a valid driver's license.

11.1.6 STATE - enter the abbreviation of the State that issued the driver’s license.

11.1.7 MV-104 FILED - check box to indicate if a NYS DMV MV-104 was filed.

11.1.8 Complete the information required concerning the Officer and Tillerman in the same manner as described in items No. 11.1.1, 11.1.2, 11.1.3, and 11.1.4 above. The Chauffeur, Officer, and Tillerman spaces shall be completed even if the apparatus is unoccupied at the time of the accident.
11.1.9 If there is no Officer or Tillerman with the unit at the time of the accident, enter a dash in the space provided for LAST NAME.

11.1.10 SUMMONS ISSUED - indicate if summons was issued.

11.1.11 SUMMONS # - enter the number on the summons.

11.1.12 ADMIN CODE - enter the number of the section of the law governing the violation.

11.1.13 PD REPORT # - enter the PD Report Number. A copy of the PD Report must be obtained from the responding precinct and included with the CD-19. The Police Report can be obtained at the responding precinct either in person or via phone/fax.

11.1.14 NAME - enter name of individual who issued the summons.

11.1.15 BADGE # - enter the badge number of the person issuing the summons.

11.1.16 COMPANY/PCT - enter fire company or police precinct to which the person issuing the summons is assigned.

12. APPARATUS ACCIDENT - TWO OR MORE APPARATUS INVOLVED

12.1 If two (or more) apparatus collide, the occurrence is considered to be two (or more) accidents, and an Apparatus Accident Report is required from each unit. A properly parked apparatus is always required to forward an Apparatus Accident Report whenever struck by another vehicle or another apparatus.

12.2 The two top lines of the CD-19, and those areas under the heading VEHICLE 1, provide for information about the apparatus and members of one Fire Department unit. Therefore, additional forms are required to identify apparatus and members of other units in the event two or more apparatus collide.

12.2.1 Example: Engine 6 and Engine 8 collide. The Engine 6 Officer completes the entire CD-19 with the exception of the vehicle 2 driver and owner information spaces and the vehicle 2 damage box.

A. The member preparing the Apparatus Accident Report designates his unit’s apparatus as vehicle 1, therefore, the Engine 6 Officer considers his apparatus as vehicle 1 and the Engine 8 apparatus as vehicle 2.

B. The Engine 8 Officer completes his report in the same manner as the Engine 6 report, except that he designates his apparatus vehicle 1 and Engine 6 as vehicle 2.
13. DRIVER INFORMATION BOX, VEHICLE 2

13.1 The right side of the form, under the heading VEHICLE 2, pertains to the driver and owner of vehicle 2. Information should be accurately copied from the driver’s license and vehicle registration, when possible. Identification of two pedestrians or bicyclists can be entered in these spaces. In such cases, omit license and vehicle information.

13.2 If the apparatus accident involves more than one civilian vehicle, or more than two pedestrians or bicyclists, or a combination of civilian vehicles, pedestrians or bicyclists, one or more properly numbered additional forms are necessary.

<table>
<thead>
<tr>
<th>VEHICLE #2</th>
<th># OF OCCUPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST NAME DRIVER 2</td>
<td>FIRST NAME</td>
</tr>
<tr>
<td>NUMBER &amp; STREET</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>SEX</td>
</tr>
<tr>
<td>LAST NAME OWNER 2</td>
<td>FIRST NAME</td>
</tr>
<tr>
<td>NUMBER &amp; STREET</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>PLATE #</td>
<td>YEAR</td>
</tr>
<tr>
<td>INSURANCE COMPANY NAME</td>
<td>INSURANCE POLICY #</td>
</tr>
</tbody>
</table>

13.3 # OF OCCUPANTS - indicate the number of occupants in the vehicle, including the driver.

13.4 DRIVER'S NAME AND ADDRESS - (first three lines) as it appears on the driver's license.

13.4.1 PEDESTRIANS - BICYCLISTS - list the name, address, date of birth, and sex of the pedestrian or bicyclist in the spaces provided for vehicle 2 driver and owner information spaces. If a second pedestrian or bicyclist is entered in the LAST NAME OWNER spaces, record the date of birth in the PLATE NUMBER box and the sex in the YEAR box. Cross out the words DRIVER 2 and OWNER 2 and enter the abbreviation PED. if the data applies to a pedestrian, or BIC. if a bicyclist. Place a dash in the boxes that don't apply to the situation (e.g., # OF OCCUPANTS, INS. CODE).
13.4.2. MORE THAN ONE CIVILIAN VEHICLE - if more than one civilian vehicle is involved, include information about each additional vehicle. Properly number the pages and record the vehicle damage. Change the headings VEHICLE 2 and VEHICLE 2 DAMAGE to read VEHICLE 3 (or 4, 5, etc.) and VEHICLE 3 (or 4, 5, etc.) DAMAGE.

13.4.3 CIVILIAN VEHICLE AND PEDESTRIAN OR BICYCLIST - if a civilian vehicle and a pedestrian or bicyclist is involved in an apparatus accident, record the civilian vehicle information on the first page of the report and the bicyclist or pedestrian information on a separate CD-19 numbered PAGE 2 of 2 PAGES. Record only the information not contained on page one, and complete as directed in Par. 13.4.1, PEDESTRIANS - BICYCLISTS.

13.4.4 TWO APPARATUS AND A CIVILIAN VEHICLE - record one apparatus (see Par. 9.2) and the civilian vehicle on the first page, and the second apparatus on page two of the report. The second apparatus is designated VEHICLE 3.

13.5 PROPERTY DAMAGE - check if property, other than a vehicle, was damaged. If yes, indicate type of property damaged (e.g., hydrant, lamppost), the name of the owner if known, and the address or description if available.

13.6 DATE OF BIRTH - enter the date shown on the driver's license, numerically (e.g., 02/06/54).

13.7 SEX - enter M for male and F for female.

13.8 DRIVER'S LIC # - Indicate the driver’s license number as it appears on the license.

13.9 STATE - indicate the state in which the driver’s license was issued.

13.10 OWNER'S NAME AND ADDRESS - enter as it appears on the registration. If the driver is also the owner, and the license and registration indicate similar information, print DRIVER in the space titled LAST NAME OWNER 2 and omit owner information on the next two lines.

13.11 VEH TYPE - enter the type of vehicle (e.g., sedan, sta. wagon, van, bus).

13.12 PLATE # - enter the license plate number. Include the state of registration.

13.13 YEAR - enter the year of the vehicle’s manufacture.

13.14 MAKE - enter the name of the vehicle's manufacturer.

13.15 VIN # - enter the vehicle identification number as it appears on the dashboard plate, visible through the driver’s side of the windshield.
13.16 INSURANCE COMPANY NAME - enter insurance company name from the insurance identification card.

13.17 INSURANCE POLICY # - enter insurance policy number from the insurance identification card.

13.18 INS CODE - enter the insurance company code number. The insurance code is a three digit number obtained from the vehicle's Insurance Identification Card. Enter a dash in this box if the vehicle is one that is not required to carry a card (e.g., out-of-state vehicles, government owned vehicles).

NOTE: Request Police assistance if major discrepancies are noticed in the license and registration documents, plate, year, make, etc.

14. ACCIDENT DESCRIPTION

14.1 The CD-19 has spaces for important entries concerning an accident/incident, including direction, route, accident diagram, etc. Such information need not be repeated in the space titled ACCIDENT DESCRIPTION. State in simple language what occurred (e.g., "Vehicle 1 stopped suddenly to avoid a child in the roadway." "Vehicle 2 struck Vehicle 1 in the rear.").

14.2 If the unit was responding to, operating at, or returning from an alarm/assignment at the time of the accident, enter the box/CAD number in the accident description.

14.3 The following information can also be entered in the accident description: police action, information concerning a driver or vehicle causing the accident but not becoming directly involved in the collision, details of property damage, and any other information deemed to be pertinent and of value.

14.4 If additional space is needed for the accident description, use 8 1/2" x 11" stationery, numbered PAGE 2, to complete the description. If the report requires more than one CD-19, the accident description can be continued on the second page.
15. **VEHICLE DAMAGE DIAGRAMS**

<table>
<thead>
<tr>
<th>AUTO</th>
<th>REAR MOUNT</th>
<th>AMBULANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEH #</td>
<td>VEH #</td>
<td>VEH #</td>
</tr>
<tr>
<td>NO DAMAGE</td>
<td>NO DAMAGE</td>
<td>NO DAMAGE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUBURBAN</th>
<th>TOWER LADDER</th>
<th>ENGINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEH #</td>
<td>VEH #</td>
<td>VEH #</td>
</tr>
<tr>
<td>NO DAMAGE</td>
<td>NO DAMAGE</td>
<td>NO DAMAGE</td>
</tr>
</tbody>
</table>

15.1 **VEHICLE DAMAGE DIAGRAMS** - Choose the picture that most closely represents the vehicles involved in the incident. If vehicle is not represented (e.g., tiller apparatus) use a separate sheet of 8 ½" by 11" and draw a picture to represent that vehicle.

15.2 **VEH #** - The apparatus operated by the member preparing the report shall always be designated as vehicle #1.

15.3 **DAMAGE AREA** - mark an X indicating the area(s) that were damaged. If no damage, circle "no damage."

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16. **ACCIDENT INFORMATION**

16.1 **PRE-ACCIDENT VEHICLE MOTION** - check only one box which best indicates the motion of each vehicle prior to accident.

<table>
<thead>
<tr>
<th>PRE-ACCIDENT VEHICLE MOTION</th>
<th>(CHECK ONLY ONE BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>VEHICLE #1</td>
</tr>
<tr>
<td></td>
<td>VEHICLE #1</td>
</tr>
<tr>
<td>PASSING</td>
<td>BACKING</td>
</tr>
<tr>
<td>GIVING PASSING</td>
<td>SKIDDING</td>
</tr>
<tr>
<td>TURNING RIGHT</td>
<td>WRONG SIDE OF STREET</td>
</tr>
<tr>
<td>TURNING LEFT</td>
<td>STARTING FROM STOP POSITION</td>
</tr>
<tr>
<td>U - TURN</td>
<td>ENTER</td>
</tr>
<tr>
<td>PULLING TO/FROM CURB</td>
<td>CHANGING LAKES</td>
</tr>
<tr>
<td>STOPPED IN TRAFFIC</td>
<td>ROLLED BACK</td>
</tr>
<tr>
<td>PARKED</td>
<td>ROLLED FORWARD</td>
</tr>
<tr>
<td>DOUBLE PARKED</td>
<td>OTHER</td>
</tr>
<tr>
<td>GOING STRAIGHT</td>
<td></td>
</tr>
</tbody>
</table>
16.2 TRAFFIC CONTROL - check the box which indicates which traffic control device(s) were present.

<table>
<thead>
<tr>
<th>TRAFFIC CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAFFIC LIGHT</td>
</tr>
<tr>
<td>STOP SIGN</td>
</tr>
<tr>
<td>YIELD</td>
</tr>
<tr>
<td>TRAFFIC AGENT</td>
</tr>
<tr>
<td>NO TRAFFIC CONTROL</td>
</tr>
<tr>
<td>OTHER</td>
</tr>
</tbody>
</table>

16.3 ROAD CONDITIONS - check the box which indicates road conditions at the time of accident.

<table>
<thead>
<tr>
<th>ROAD CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRY</td>
</tr>
<tr>
<td>WET</td>
</tr>
<tr>
<td>SNOW</td>
</tr>
<tr>
<td>ICE</td>
</tr>
</tbody>
</table>

17. VEHICLE DAMAGE BOXES - briefly describe damage in the appropriate box.

<table>
<thead>
<tr>
<th>DAMAGE TO VEHICLE #1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAMAGE TO VEHICLE #2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

18. ACCIDENT DIAGRAM

18.1 Draw a diagram of the accident. Draw each vehicle and number the vehicles to correspond with vehicle 1, vehicle 2, etc. Take care to indicate roadway boundaries, intersections, crossings, etc. which are pertinent to the accident.
18.2 When drawing the accident diagram, label streets and indicate measurements. Indicate whether streets are one way or two-way. Adhere to the following instructions:

- Use a solid line to show the path of apparatus and vehicles before the accident.

- Use a broken line to show the path of apparatus and vehicles after the accident.

- Show each vehicle at the time of collision; mark point of collision with an X.

- Number apparatus as 1 and other vehicles from 2 on.

- Show traffic control signs; use arrow to indicate the direction they face.

- Indicate injured pedestrians by \( P \), witnesses by \( W \), and traffic agent by \( TA \).

- Number the witnesses in accordance with their placement on the accident diagram (e.g., W1, W2).

- To indicate color and direction of traffic lights, place letters (R-Red, G-Green, A-Amber) in appropriate quadrant.

- If a factor in the accident, indicate distance of parked or standing vehicles from curb and/or building line.

- If a factor, state the direction of grade and whether slight, moderate, or steep.

- Whenever possible, keep north to the top of the page. Show actual compass direction by marking north with an arrow inside a circle, in the upper left corner of the diagram.

- If additional room is needed for the diagram, use a separate sheet of paper, and print in the diagram box DIAGRAM ON PAGE ____.
18.3 The diagram below has been divided into a left half, showing what a typical accident diagram might look like; and a right half, showing the use of traffic control symbols.

![Accident Diagram]

18.4 The left side of the diagram shows the west-bound traffic on 62nd Street has the green light and the south-bound traffic on Avenue M has the red light. The point of collision is indicated by an X, and the final position of vehicle #2 is shown by a broken line and another drawing of vehicle #2.

18.5 The location of a witness is indicated by W1 at the southwest corner of the intersection, and another witness is noted by W2 as the driver of the car that stopped by the side of the road.

18.6 The right side of the diagram shows the use of traffic control sign symbols. The arrow attached to the sign illustrates the direction that the sign itself faces.

19. SPEED / TRAVEL / CONDITIONS

<table>
<thead>
<tr>
<th>APPROX SPEED VEH #1</th>
<th>VEH #2</th>
<th>DIRECTION OF TRAVEL VEH #1</th>
<th>VEH #2</th>
<th>WEATHER CONDITIONS</th>
</tr>
</thead>
</table>

19.1 APPROX SPEED VEH #1 VEH #2 - estimate the speed of each vehicle at the time of the accident. Indicate the speed of vehicle 1 and 2. If vehicle is parked or stopped, indicate same.

19.2 DIRECTION OF TRAVEL VEH #1 VEH #2 - enter the compass direction abbreviation that indicates the direction of travel of each vehicle at the time of the accident (e.g., N, S). If a vehicle was standing or parked, enter the abbreviation that indicates the direction the vehicle was facing at the time.
19.3 WEATHER CONDITIONS - give weather conditions at the time of the accident.

20. DIAGRAM CODE

CIRCLE DIAGRAM CODE WHICH MOST CLOSELY DESCRIBES ACCIDENT/INCIDENT

<table>
<thead>
<tr>
<th>REAR END</th>
<th>OVERTAKING</th>
<th>LEFT TURN</th>
<th>LEFT TURN</th>
<th>RIGHT TURN</th>
<th>RIGHT TURN</th>
<th>HEAD ON</th>
<th>SIDE SWIPE</th>
<th>RIGHT ANGLE</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>5.</td>
<td>4.</td>
<td>6.</td>
<td>7.</td>
<td>8.</td>
<td>9.</td>
<td>10.</td>
</tr>
</tbody>
</table>

20.1 DIAGRAM CODE - Choose the code which most closely describes the accident/incident. Code #10 is to be used only when OTHER is chosen as the pre-accident motion.

21. INJURED

<table>
<thead>
<tr>
<th>#</th>
<th>NAME</th>
<th>RANK</th>
<th>FDNY</th>
<th>NON-FDNY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21.1 # - if more than one person is injured, sequentially number the injured persons.

21.2 NAME - enter the name of injured person.

21.3 RANK - enter the rank for the Department members.

21.4 FDNY - NON-FDNY - indicate whether FDNY member or not.

21.5 SEX - indicate M for male, F for female.

21.6 ADDRESS/UNIT - if member of Department, unit ID is sufficient.

21.7 NATURE OF INJURY - enter the condition that is most obvious. If a victim suffers multiple injuries, enter “multiple injuries”.

21.8 VEH # - identify which vehicle the injured person occupied. If the person was riding in vehicle 3, or 4, etc., use that number to identify the vehicle.
21.9 RIDING POSITION - identify the riding position of the injured. Numbers one through six cover most passenger cars, while numbers one through eight cover apparatus riding positions, eight being the Tillerman. Number nine is used for undesignated positions in station wagons, buses, trucks, etc.

21.10 SAFETY EQUIPMENT USED - list safety equipment (e.g., seat belt, restraining strap) that was worn (if none, indicate NONE).

21.11 TRANSPORTED BY - enter the mode of transportation of the injured.

21.12 TRANSPORTED TO - if injured persons were removed to a hospital, insert the name or number of the hospital. If injured members are taken to quarters, enter QTRS.; to the Medical Office, enter M.O.

22. WITNESS

<table>
<thead>
<tr>
<th>WITNESS # _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
</tr>
<tr>
<td>TELEPHONE</td>
</tr>
</tbody>
</table>

22.1 WITNESS - record the required information for each witness.

23. IDENTIFICATION OF MEMBER PREPARING REPORT

23.1 The signature, rank, unit, and group number of the member preparing the report is entered on the bottom line of the first page of the report. DATE is the date the report is prepared. The forwarding of reports shall not be delayed due to medical, vacation, regular, or other leaves. If the Officer with the unit at the time of the accident is unavailable to prepare the accident report, another Officer assigned to the unit shall prepare and forward the report.
24. **NEW YORK STATE REPORT OF MOTOR VEHICLE ACCIDENT (MV-104)**
(Form in Addendum 1)

NOTE: Forward Original MV-104 to NYS DMV

24.1 The original *New York State Report of Motor Vehicle Accident* (MV-104 revised 5/02) must be completed and sent NYS Department of Motor Vehicles within 10 days, and a copy must be sent to the Safety Command-Accident Claims Unit **within 96 hours** of an accident resulting in death, personal injury, damage over $1,000 to the property of any one person, or if a dollar amount cannot be estimated. This is the express responsibility of the *vehicle operator* involved in the accident.

*NOTE: MV-104 forms can be completed and printed on the FDNY Intranet or copies can be ordered from the FDNY Stationary Supply Unit.*

24.2 If the member is notified by Personnel or by the NYS Department of Motor Vehicles of a driver’s license suspension *(the MV-104 report has not been received or has been erroneously completed)*, contact the Safety Command-Accident Claims Unit for a copy of the MV-104 and/or the CD-19. The employee shall immediately complete a corrected MV-104 report and forward it directly to the NYS DMV. Copies of all correspondence to and from the NYS DMV and the corrected MV-104 form shall be forwarded to the Safety Command-Accident Claims Unit through the chain of command.

24.3 The State of New York Insurance Department prohibits the imposition of any surcharge upon the private passenger insurance rate of any member involved in an apparatus accident while on duty. If a member experiences problems relating to his/her private insurance, the member should contact the Safety Command-Accident Claims Unit at 718-999-2936. The Safety Command-Accident Claims Unit will verify accident data; and fax and mail a letter to the insurance company to correct the situation.

24.4 Fill out the MV-104 according to the instructions in Addendum 5.

25. **NOTIFICATION TO FIRE DEPARTMENT OPERATIONS CENTER (FDOC)**

25.1 Upon returning to quarters, the preparer of the CD-19 will contact Fire Department Operations Center (FDOC) at (718) 999-7900 with the particulars of the accident.

25.2 Upon receipt of the notification, FDOC shall notify the Safety Command-Accident Recording/Claims Unit of the accident/incident via fax.
26. **FORWARDING APPARATUS ACCIDENT REPORT - CD-19**

26.1 The CD-19 report shall be forwarded by the apparatus operator/Officer within 96 hours of the apparatus accident/incident.

26.2 *Apparatus Accident Report* (CD-19) shall be forwarded through the chain of command of the involved unit.

26.2.1 For EMS vehicles, the *Apparatus Accident Report* (CD-19) shall be forwarded to the responsible EMS Division Chief by the preparer of the document.

26.3 Chief Officers shall review CD-19 reports submitted by units in their command. Such reports shall be examined for content and preparation, endorsed on the rear, and the original form forwarded through the chain of command to the Safety Command.

26.3.1 Upon completion, the EMS Division Chief shall forward the original CD-19, CD-19A, and a copy of the MV-104 (if required) directly to the Safety Command.

27. **CHIEF OFFICER'S APPARATUS ACCIDENT INVESTIGATION AND/OR REVIEW REPORT CD-19A (See Addendum 1).**

27.1 Form CD-19A (**Forward in Duplicate**) is a concise report form containing self-explanatory instructions. The numbered paragraphs require brief statements to provide the necessary information and recommendations. Repetitions should be avoided. If a Chief Officer reviewing a CD-19 report agrees with the particulars of the accident as contained in the accident report, or agrees with the conclusions of a Chief's investigation report, a short statement to that effect will suffice (e.g., "Particulars - as stated in CD-19 report" or "I concur with Par. 2 & 3 of B.C. Smith's investigation report").

27.2 Chief Officers investigating apparatus accidents involving units NOT of their command will NOT review the CD-19 but must include full particulars of the accident in their CD-19A investigation report. CD-19As shall be forwarded promptly to the command initially responsible for reviewing the unit's *Apparatus Accident Report* (usually the Battalion and Division to which unit is assigned).

27.2.1 For EMS vehicles, the Chief Officer investigating the accident shall forward the CD-19A to the Division Commander of the Division where the EMS unit is assigned. The Division Commander shall forward the CD-19A for EMS vehicle accidents to the respective EMS Division Chief for review and endorsement.
27.3 Chief Officers reviewing reports of accidents investigated by other commands shall examine the CD-19 and the CD-19A Investigation Report(s). Such Chief Officers shall prepare and forward the CD-19A expressing the results of their review together with original CD-19 and CD-19A reports. Further investigation shall be conducted, when necessary.

27.4 Most apparatus accidents occur within a unit's administrative or response area and are investigated by Chief Officers having administrative jurisdiction over the unit. Whenever possible, this investigating Chief Officer shall review the unit's CD-19 report. However, in order to avoid delaying of reports, if the investigating Chief Officer is due to begin vacation leave or working in a covering or a detailed assignment, said Chief would not be required to review the unit's CD-19, but must include full particulars of the accident in the CD-19A Investigation Report.

27.5 Investigation Reports of apparatus accident/incidents involving support units (e.g., Headquarters, Fleet Maintenance, Communications) shall be investigated by Chiefs of the respective response area and forwarded to the Bureau or Division responsible for the administration of that unit. Such Bureaus or Divisions shall comply with Section 27.3 above.

27.6 If the corrective action recommended on the investigating Chief Officer's report involves any form of retraining, (e.g., drills, review of written material, or defensive driving) proper Journal entries shall be made for all training sessions.

27.6.1 Upon completion of the training sessions, a report shall be forwarded to the Safety Command, through the involved operator's administrative Battalion.

27.7 A Chief Officer involved in an apparatus accident may not investigate his/her own accident. The investigating Battalion Chief will forward Form CD-19A with endorsements.

27.8 Upon completion of the review process, forward the following to the Safety Command-Accident Recording/Claims Unit at 9 MetroTech, 7th Floor, Brooklyn, NY 11201.

27.8.1 The original CD-19(s)

27.8.2 The original CD-19A

27.8.3 A copy of the MV 104(s), when required

27.8.4 A separate sheet of paper containing the operator's driver's license number, the state of issuance, and the operator's name exactly as it appears on the operator's driver's license

27.8.5 Any other pertinent documents.