

VEHICLE CRASH/INCIDENT REPORTPlease print or type in all UPPER CASE letters**SECTION A-VEHICLE CRASH/INCIDENT OCCURRENCE**

1) Report Type (select one) Crash Incident 2) Date Occurred _____
MM/DD/YYYY

3) Time _____ 4) County (see code) _____

SECTION B-DRIVER/VEHICLE INFORMATION

1) Employee Name

Last First M.I.

2) District/Central Office Code _____ 3) Unit (Cost Center Code) _____ 4) DOB _____
MM/DD/YYYY

5) Sex: M F 6) Drivers License Number _____

7) Type of Vehicle (see code) _____ 8) DOT Tag Number _____

9) Seatbelts (select one): In Use Not In Use N/A

10) Damage Description _____

11) Was DOT employee injured? Yes No (if yes, fill out Form No 500-000-18)

SECTION C- DRIVER'S DESCRIPTION OF CRASH/INCIDENT

1) Describe fully how and where the incident occurred

2) Law Enforcement Investigation? Yes No

3) If yes, specify investigating agency and case number _____

Driver's Signature

Date MM/DD/YYYY

SECTION D- CRASH/INCIDENT INFORMATION (the following fields are required)

1) Crash/Incident Type (see code) _____ 2) Crash/Incident Description (see code) _____

3) Crash/Incident Cause (see code) _____ 4) Task at Time (see code) _____

SECTION E- COMMENTS AND RECCOMENDATIONS

1) SUPERVISOR

Last First Phone

Comments and Recommendations for Prevention/Corrective Actions

2) SAFETY

Last First Phone

Comments and Recommendations for Prevention/Corrective Actions

SECTION E- COMMENTS AND RECCOMENDATIONS (cont.)

3) UNIT MANAGER/OFFICE HEAD

Was employee awareness a factor? Yes No

Last

First

Phone

Comments and Recommendations for Prevention/Corrective Actions

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM 500-000-15

Definitions

Vehicle Crash:

Any accident involving a fleet motor vehicle which results in a fatality, injury, or property damage while said vehicle is in operation on a traffic way as a motor vehicle.

- (a) Traffic way is defined as any vehicular thoroughfare open to the public. Vehicle crashes also include the following:
- (b) Accidents involving off-road equipment being operated on a traffic way as a motor vehicle at the time of the accident.
- (c) Accidents involving a privately-owned vehicle (POV) or leased vehicle resulting in damage or injury while in use for official business.
- (d) All backing accidents involving vehicles normally operated on the traffic way.

Vehicle Incident:

Any motor vehicle accident involving:

- (a) Damage to off-the-road equipment not operated on or immediately adjacent to the traffic way.
- (b) Damage to windshields, windows, signal lights, headlights or taillights caused by tools, branches, debris, or other similar objects.
- (c) Any damage caused by unsecured items falling out of vehicles.
- (d) Any damage to privately-owned vehicles caused by objects thrown during mowing operations.
- (e) Damage to any vehicle normally operated on the traffic way being operated off-road.

Section A: This section is for reference information regarding the time and location of the accident.

1. Select "Crash" if it is a crash report, "Incident" if it is an incident report. Refer to definitions provided.
2. Date Occurred - The month, day, and year of the crash/incident.
3. Time - The approximate time of the accident. Indicate AM or PM accordingly.
4. County - The county in which the accident occurred. Enter code from list provided.
5. Location - The specific location in which the accident occurred. Indicate street names, state road or highway numbers and intersections, as applicable.

Section B: Information on DOT driver and vehicle involved in the crash or incident. (NOTE: This Section will be completed for any personal, leased or rented vehicle used for official DOT business. If more than one DOT driver is involved, each driver must complete a separate copy of the first page of this report.)

1. Driver's Name - Last name, first name, and middle initial of the DOT driver.
2. District/Central Office Code - District/Central Office in which the driver is assigned. Enter the corresponding district/central office code.
3. Unit - Unit or facility where driver is assigned. Enter the Unit's corresponding 3-digit cost center code.
4. D.O.B. - The driver's birth date, month, day and year.
5. Sex - Select "M" for male, "F" for female.
6. Driver's License Number - The driver's Florida driver license number.
7. Type of Vehicle/Equipment - Enter the code number corresponding to the vehicle/equipment type.
8. Year - The year the driver's vehicle/equipment was made.
9. DOT Tag Number - The Department of Transportation license tag number of the driver's vehicle. If not a fleet vehicle, enter private or rental tag number.
10. Seat Belts - Select "In Use" if a seat belt was in use at the time of the crash/incident, "Not in Use" if a seat belt was not used, "N/A, if not applicable.
11. Damage Description - Describe the specific type of damage to the driver's vehicle resulting from the crash/incident.
12. Damage Estimate - Provide an estimated dollar amount of the cost of repairing the driver's damaged vehicle.
13. Down Time (Days Lost) - Estimated time that vehicle will be out of service.
14. Was Driver Authorized to Operate this Vehicle - Select "Yes" if driver is authorized, "No" if driver is not authorized.
15. Was Driver Injured? Select "Yes" if driver was injured as a result of the crash/incident, "No" if driver was not injured.
16. Date Injury Reported - If "Yes" is selected in item 15, indicate the month, day, and year injury was reported.

Section C: Driver's Description of Crash or Incident.

1. Crash/Incident Description - This is the DOT driver's description of how, when, where, what and why the crash/incident occurred.
2. Law Enforcement Investigation - Select "Yes" if a law enforcement agency investigated, "No" if law enforcement agency did not.
3. If yes, specify investigating agency and the case number.
4. Signature - Signature of driver.

Section D: This section is for information related to the driver of a non-FDOT vehicle which is involved in the crash or incident. (NOTE: If more than one non-FDOT vehicle is involved complete a separate copy of the second page of this form as necessary to record the required information.)

1. Other Driver's Name - Last name, First and middle initial of the (second) driver.
2. Address - The mailing address (number, street, PO Box, etc.) of the driver.
- 3-5. City/State/Zip Code - City, State and Zip Code of driver's mailing address.
6. Phone - Home telephone number of driver.
7. Driver's License Number - The driver's license number.
8. Issuing State - State in which the driver's license was issued. Enter two letter standard abbreviation.
9. Owner's Name - Name of the owner of the (second) vehicle involved in the crash/incident.
10. Address - Address of the owner of the (second) vehicle involved in the crash/incident.
- 11-13. City/State/Zip Code - of the vehicle owner (if different from driver's).
14. Phone - Home phone number of the owner (if different from driver's).
15. Insurance Company - Name of the driver's insurance company.

16. Policy Number - Vehicle insurance policy number.
17. Vehicle Damage - Describe the damage to the second vehicle caused by the crash/incident.
18. Damage Estimate- Provide an estimated dollar amount of the cost of repairs for second vehicle.

Section E: This section is for information provided by the driver of the DOT vehicle.

1. Witnesses - Full name(s) of witness(es) to the crash/incident.
- 2-5. Address - Mailing address, city, state and zip code of witness(es).
6. Other property damage - Describe damage to property resulting from the crash/incident.
7. Owner's name - The name of the owner of any property damaged in the crash/incident.

Section F: The following five fields are required information for the report. Use reporting codes in this report.

1. Crash/Incident Type - Classify as (01) vehicle crash or (02) vehicle incident, according to the definitions.
2. Crash/Incident Description - Enter the corresponding code that describes the crash/incident.
3. Crash/Incident Cause - Enter the corresponding code that describes the cause of the crash/incident for vehicle 1.
4. Crash/Incident Cause - Enter the corresponding code that describes the cause of the crash/incident for vehicle 2.
5. Contributing Factors - Enter the corresponding code that describes the contributing factors of the crash/incident for vehicle 1.
6. Contributing Factors - Enter the corresponding code that describes the contributing factors of the crash/incident for vehicle 2.
7. Task at the Time of Crash/Incident - Enter the corresponding code for the DOT driver's task at the time of the crash/incident.

SECTION G - This section is provided for comments and signatures of reviewers.

1. Supervisor –
 - A. Name - Name of immediate Supervisor.
 - B. Phone - Supervisor's telephone number.
 - C. Comments and recommendations - Supervisor's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - D. Date - The month, day, and year that the Supervisor is writing his/her comments.
 - E. Signature - Supervisor's signature.
2. Safety Specialist/Designated safety person –
 - A. Name - Name of the Safety Specialist/designated safety person.
 - B. Phone - Safety Specialist/designated safety person's telephone number.
 - C. Comments and Recommendations - Safety Specialist/designated safety person's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - D. Date - The month, day and year that the Safety Specialist/designated safety person is writing his/her comments.
 - E. Signature - Safety Specialist/designated safety person's signature.
3. Unit Manager /Office Head-
 - A. Name - Name of Unit Manager/Office Head
 - B. Comments and Recommendations - Unit Manager/Office Head's comments and recommendations for corrective or preventive action.
 - C. Chargeable - Select "Yes" if the DOT driver violated any rules or procedures, "No" if the driver did not.
 - D. Date - The month, day and year that the Unit Manager/Office Head is writing their comments.
 - E. Signature - Signature of the Unit Manager/Office Head.
4. District Secretary/Assistant Secretary/or designee. Comments on corrective or preventive action taken. (This part is optional. This part needs to be completed only if the District Secretary/Assistant Secretary/or designee reviews the report.)

SECTION H: Contact Person

- 1-2. Name and telephone number of contact person for this report.

Form Distribution

One Copy to:

State Safety Office, Industrial Safety, MS 53, Tallahassee, FL 32399-0450

Office of General Counsel, MS 58, Tallahassee, FL 32399-0450

Department of Financial Services, Division of Risk Management, State Liability Claims, 200 E. Gaines St., Tallahassee, FL 32399-0337

DOT Maintenance Shop having jurisdiction of the vehicle.

REPORTING CODES

COUNTY CODES

01 Charlotte
02 Citrus
03 Collier
04 Desoto
05 Glades
06 Hardee
07 Hendry
08 Hernando
09 Highlands
10 Hillsborough
11 Lake
12 Lee
13 Manatee
14 Pasco
15 Pinellas
16 Polk
17 Sarasota
18 Sumter
26 Alachua
27 Baker
28 Bradford
29 Columbia
30 Dixie
31 Gilchrist
32 Hamilton
33 Lafayette
34 Levy
35 Madison
36 Marion
37 Suwannee
38 Taylor
39 Union
46 Bay
47 Calhoun
48 Escambia
49 Franklin
50 Gadsden
51 Gulf
52 Holmes
53 Jackson
54 Jefferson
55 Leon
56 Liberty
57 Okaloosa
58 Santa Rosa
59 Wakulla
60 Walton
61 Washington
70 Brevard
71 Clay
72 Duval
73 Flagler
74 Nassau
75 Orange
76 Putnam
77 Seminole
78 St. Johns
79 Volusia
86 Broward
87 Dade
88 Indian River
89 Martin
90 Monroe
91 Okeechobee
92 Osceola
93 Palm Beach
94 St. Lucie

VEHICLE/EQUIPMENT TYPE

01 Sedan
02 Station Wagon
03 Van
04 Pickup
05 Crew Cab
06 Dump Truck
07 Rental
08 Leased
99 Other (specify)

DISTRICT/CENTRAL OFFICE

01 District 1 (Bartow)
02 District 2 (Lake City)
03 District 3 (Chipley)
04 District 4 (Ft. Lauderdale)
05 District 5 (Deland)
06 District 6 (Miami)
07 District 7 (Tampa)
08 Turnpike District

Central Office-Finance and Administration

09 Tolls
10 All Others

11 Materials Office

12 All Others

Central Office- Operations

13 Motor Carrier Compliance Office
14 All Others

CRASH/INCIDENT TYPE

01 crash
02 incident

CRASH/INCIDENT DESCRIPTION

01 struck pedestrian
02 struck object
03 head on with vehicle
04 hit other vehicle (front)
05 hit other vehicle (side)
06 hit other vehicle (rear)
07 backed into an object or vehicle or pedestrian
08 hit by other vehicle (front)
09 hit by other vehicle (side)
10 hit by other vehicle (rear)
11 backed into by other vehicle
12 vehicle rolled over
13 struck by object released from other vehicle
14 struck by object
15 mower/vehicle threw an object causing damage
16 non-contact accident
17 natural phenomena
18 damaged by vandalism
19 equipment damage
99 other, specify

CRASH/INCIDENT CAUSE

01 DUI
02 too fast for conditions
03 exceeding speed limit
04 failure to yield right of way
05 following too close
06 improper start
07 improper parking
08 improper lane usage
09 improper turning
10 improper passing
11 traveling on wrong side or wrong way
12 ran red light

13 ran stop sign
14 disregarded other traffic control
15 faulty equipment
16 failed to signal
17 too slow without warning device
18 improper backing
19 improper use of vehicle
20 proper guards not in use
21 not allowing enough clearance
22 no citation/cause
23 unknown
24 failure to have vehicle under control
25 unfamiliar with vehicle
26 careless
99 other, specify

CONTRIBUTING FACTORS

01 none
02 weather
03 vision obscured
04 road conditions
05 driver error (subject driver)
06 driver error (other)
07 defective traffic control
08 defective drive shaft
09 defective wheels/tires
10 defective brakes
11 defective lights
12 defective steering
13 engine
14 wipers
15 fatigue
16 asleep
17 no license
99 other, specify

TASK AT TIME OF CRASH/INCIDENT

PAVEMENT MAINTENANCE

411 asphalt repair - manual
412 asphalt repair - mechanical
414 base repair
421 pressure grouting
423 concrete pavement joint repair
424 concrete slope pavement joint repair
425 concrete pavement surface repair

ROADSIDE MAINTENANCE

431 motor grader operation
432 repairing non-paved shoulders, front slopes, and roadside ditches - manual
433 sodding
435 seeding, fertilizing and mulching
436 reworking non-paved shoulders, front slopes, and roadside ditches -mechanical
437 miscellaneous slope and ditch repair

DRAINAGE

451 clean drainage structures
456 repair or replace storm drains, side drains, cross drains
457 concrete repair
459 concrete sidewalk repair
461 roadside ditches - clean, reshape
464 outfall ditches - clean, repair
465 mitigation area maintenance

VEGETATION AND
AESTHETIC

471 large machine mowing
482 slope mowing
484 intermediate machine mowing
485 small machine mowing
487 weed control-manual
489 wildflowers
490 fertilizing
492 tree trimming and removal

ROUTINE MAINTENANCE ACTIVITIES

493 landscaped area maintenance
494 chemical weed and grass control
497 chemical weed and grass control selective weeding,
broadcast or wiping
540 graffiti removal
541 roadside litter removal
542 road sweeping manual
543 road sweeping-mechanical
544 rest area maintenance
545 edging and sweeping

TRAFFIC SERVICES

520 signs-ground signs 30 square feet or less
521 signs-ground signs over 30 square feet all overland signs
522 sign cleaning
523 guardrail repair
530 routine attenuator inspection and service
531 attenuator
532 pavement striping-large machine
534 pavement symbols
537 raised pavement marker replacement
787 highway lighting maintenance

BRIDGE ROUTINE MAINTENANCE

805 bridge joint repair
806 bridge deck maintenance and repair
810 bridge handrail maintenance and repair
825 superstructure maintenance and repair
845 substructure maintenance and repair
859 channel maintenance
861 routine bridge electrical maintenance
865 routine bridge mechanical maintenance
869 movable bridge structural maintenance
888 bridge damage repair
896 ferry slip maintenance and repair
898 tunnel maintenance

MISCELLANEOUS ROUTINE MAINTENANCE

135 environmental work
197 engineering duties
656 maintenance of toll building, area
780 driveway-utility permit processing and inspection
782 transportation and supervision of prisoners
901 bridge inspection
903 underwater bridge inspection
905 overhead sign structure inspection
919 other bridge inspection
921 preliminary bridge engineering
929 other bridge engineering
930 supervision of bridge maintenance and operations
931 bridge operation
932 tunnel operation
933 ferry operation
941 supervision, engineering, and inspection of roadway
maintenance
942 contract maintenance supervision, engineering, and
inspection
991 emergency maintenance
992 periodic maintenance
993 betterment
994 work performed for other state agencies
995 maintenance support services
996 transporting equipment, material, or personnel
999 other, specify

CONSTRUCTION

Earthwork

220 control staking
221 cross staking
222 removal and relocation inspection
223 earthwork inspection
224 curb and gutter and traffic separator inspection
225 sidewalk inspection
226 retaining wall inspection
227 density-earthwork

Drainage

231 box culvert inspection
232 pipe construction inspection

Base Construction Inspection

235 subgrade inspection
236 base construction inspection

Asphalt Paving

241 asphalt paving inspection
242 asphalt plant inspection
243 weigh asphalt material

PCC Paving

251 portland cement concrete paving inspection
252 joint repair inspection

Bridge Structure

261 substructure piling inspection
262 substructure concrete inspection
263 superstructure concrete inspection

Miscellaneous

271 inspection of misc. items

Special Feature

281 special feature inspection
999 other, specify

SURVEYORS

105 photo topographics
106 design survey
120 appraisal work-negotiation
150 digital topographics
155 design changes and survey
999 other, specify

028 Facility and Equipment Maintenance

036 Travel

089 Law Enforcement

**DRIVER INSTRUCTIONS IN THE
CASE OF VEHICLE CRASH**

1. IMMEDIATELY STOP VEHICLE:

- a. Call for medical assistance in case of an emergency by calling 911
- b. Notify police or Highway Patrol
- c. If circumstances permit, have the vehicle removed from the collision scene in order to clear the roadway
- d. Maintain traffic control utilizing devices (flashers, flares, reflectors, etc.), if available, to minimize impediment to the normal flow of traffic.

2. CAUTION: Volunteer no information to anyone or sign any papers from anyone other than DOT Safety Personnel or Police.

3. INSURANCE COVERAGE: Self Insured. Fleet Liability Coverage (AL..2600) provided pursuant to Chapter 284, Part II, Section 768.28, Florida Statutes. Refer any questions to the Department of Financial Services, Division of Risk Management at the address given below.

4. NOTIFY IMMEDIATE SUPERVISOR THE SAME DAY/NIGHT OF CRASH. The supervisor will provide appropriate instructions and contact the nearest DOT garage and arrange for the vehicle to be removed, if necessary.

Furnish the supervisor with the following information:

- a. DOT Driver - Name.
- b. Other driver(s) and injured persons - Name, Address, Phone Number, Vehicle Tag Number.
- c. DOT Vehicle - Vehicle Number, Type Vehicle, Year, Make.
- d. Brief description of crash including injuries and damages.
- e. Location of crash - Street No., City, County, State.
- f. Date and time occurred.
- g. Where vehicle(s) can be seen for damage estimate or inspection.
- h. Who was charged by law enforcement

7. OBTAIN NAME(S) AND ADDRESS(ES) OF WITNESS(ES), IF AVAILABLE.

8. FILL OUT REQUIRED REPORT:

- a. Vehicle Crash/Incident Report, Form 500-000-15.
- b. Submit report promptly to immediate supervisor.

NOTE: SUPERVISOR WILL REPORT CRASH TO:

DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF RISK MANAGEMENT
STATE LIABILITY CLAIMS
200 E. GAINES STREET
TALLAHASSEE, FLORIDA 32399-0337
TELEPHONE: (850) 413-3122
SUNCOM 293-3122

NOTE: A list of FDOT Equipment Management Contact persons is included for coordination and repairs of vehicles, if needed.

Each District fleet manager will be responsible for updating the names and/or telephone numbers.

DOT STATE EQUIPMENT MANAGEMENT

MOBILE EQUIPMENT MANAGER

Angel Birriel (850)410-5757 S/C 210-5757 Fax (850)410-5511

angel.birriel@dot.state.fl.us

DISTRICT 1

Mickey Harrison (863)519-2321 S/C 557-2321 Fax (863)534-7045

mickey.Harrison@dot.fl.us

DISTRICT 2

Debra Stalvey (386)961-7280 S/C862-7280 Fax (386)961-7074

debra.stalvey@dot.state.fl.us

DISTRICT 3

Earl Riley (850)638-0250 S/C767-1602 Fax (850)638-6157

earl.riley@dot.state.fl.us

DISTRICT 4

Mike Pennetti (954)777-4313 S/C 436-4313 Fax (954)777-4223

michael.pennetti@dot.state.fl.us

DISTRICT 5

John Wray (386)943-5293 S/C 373-5293 Fax (386)736-5098

john.wray@dot.state.fl.us

DISTRICT 6

Marcelino Totorica (305)470-5359 S/C 429-5359 Fax (305)470-5369

marcelino.totorica@dot.state.fl.us

DISTRICT 7

Bob Mandernack (813)975-6267 S/C 512-7724 Fax (813)975-6278

robert.mandernack@dot.state.fl.us

DISTRICT 8 and 9

(See Angel Birriel)

TURNPIKE

Jeffrey Shweky (954)934-1203 S/C 422-1203 Fax (954)934-1354

jeffrey.shweky@dot.state.fl.us