

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
VEHICLE CRASH/INCIDENT REPORT

Please print or type

SECTION A-VEHICLE CRASH/INCIDENT OCCURRENCE

1) Report Type _____	2) Date Occurred _____ MM/DD/YYYY		
3) Time _____	4) County _____	5) Driver Employee Type _____	6) Attachments Provided? _____
7) Location _____			

SECTION B-DRIVER/VEHICLE INFORMATION

1) Driver's Name		
_____	_____	_____
Last	First	M.I.
2) District/Central Office Code _____	3) Unit (Cost Center Code) _____	4) DOB _____
MM/DD/YYYY		
5) Sex ____	6) Drivers License Number _____	
7) Type of Vehicle (see code) _____	8) FDOT Tag Number _____	
9) Seatbelts _____	10) Was Driver injured? ____	
11) Vehicle Damage Description & Damage Estimate		

SECTION C- DRIVER'S DESCRIPTION OF CRASH/INCIDENT

1) Describe fully how and where the incident occurred.

2) Law Enforcement Investigation? _____	
3) Law Enforcement Investigation Agency _____	
Law Enforcement Investigation Case Number _____	
4) Driver's Signature _____	5) Date signed _____

SECTION D- OTHER DRIVER/VEHICLE INFORMATION (Vehicle Two)

1) Other Driver's Name

Last First M.I.

2) Address _____

3) City _____ 4) State _____ 5) Zip Code _____

6) Phone _____

7) Driver's License Number _____ 8) Issuing State _____

9) Owner's Name (if different from driver's information)

Last First M.I.

10) Address _____

11) City _____ 12) State _____ 13) Zip Code _____

14) Phone _____

15) Insurance Company _____

16) Policy Number _____

17) Vehicle Damage

SECTION E- WITNESS AND OTHER PROPERTY DAMAGE

1) Witness (NAME)

Last First M.I.

2) Address _____

3) City _____ 4) State _____ 5) Zip Code _____

6) Other Property Damage

7) Owner's Name

Last First M.I.

SECTION F- 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 G- COMMENTS AND RECOMMENDATIONS

1) SUPERVISOR

A) _____ B) _____
Last Name First Name Phone

C) Comments and Recommendations for Prevention/Corrective Actions

D) _____ E) Date _____
(Signature) (MM/DD/YYYY)

2) SAFETY SPECIALIST/DESIGNATED SAFETY PERSON

A) _____ B) _____
Last Name First Name Phone

C) Comments and Recommendations for Prevention/Corrective Actions

D) _____ E) Date _____
(Signature) (MM/DD/YYYY)

3) UNIT MANAGER/OFFICE HEAD

Last Name

First Name

B) Prevention/Corrective Actions Taken

C) Chargeable: _____

D) _____
(Signature)

E) Date _____
(MM/DD/YYYY)

4) SAFETY MANAGER/LOSS CONTROL MANAGER/OR DESIGNEE

Last Name

First Name

B) Prevention/Corrective Actions Taken

C) _____
(Signature)

D) Date _____
(MM/DD/YYYY)

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM 500-000-15

Definitions

Vehicle Crashes – A crash involving at least one motor vehicle which results in a fatality, injury, or property damage when such vehicle is in operation on a traffic lane. Any vehicular thoroughfare open to the public, is considered a traffic lane. Vehicle crashes also include:

- (a) Crashes involving off-road motorized equipment being operated on a traffic lane.
- (b) Crashes involving a privately owned vehicle, or a leased or rented vehicle used by a Department employee on official business.
- (c) All backing incidents involving vehicles normally operated on the traffic lane.

Vehicle Incident:

Any motor vehicle accident involving:

- (a) Damage to off-road motorized equipment not being operated on or adjacent to the traffic lane.
- (b) Damage to windshields, windows, signal lights, headlights, or tail-lights caused by tools, branches, debris, or similar objects.
- (c) Any damage caused to other property by unsecured items falling out of vehicles.
- (d) Any damage caused to other property by objects thrown during mowing operations.
- (e) Any damage to vehicles being operated off-road or in a designated Work zone.

Chargeable crash/incident – Any crash or incident caused by negligence, failure to abide by laws, procedures, or generally accepted by safety practices. The determination of “Chargeable” is exclusive of any police agency reports or citations. This determination is based on a causal analysis.

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
- 4 County- The county in which the accident occurred, select code
- 5 Driver Employee Type- Indicate whether the driver of the FDOT vehicle was FDOT employee, DOC personnel, Consultant/ Contractor or Asset Management, select code
- 6 Attachments Provided- Are supporting/supplemental documents included with this report? Indicate Yes or No
- 7 Location – General location where accident occurred

Section B: Information on FDOT driver and vehicle involved in crash or incident. (NOTE: This section will be completed for any personal, leased or rented vehicle used for official FDOT business. If more than one FDOT 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 driver of the FDOT vehicle
- 2 District/Central Office Code- District/Central Office Code to which the driver is assigned.
Enter the corresponding district/central office code.
- 3 Unit- Unit or facility where the 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's license number
- 7 Type of Vehicle/Equipment- Enter the code number corresponding to the Vehicle/equipment type
- 8 License 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.
- 9 Seat Belts- Select “In Use” if the 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.
- 10 Was Driver Injured?- Select “Yes” if the driver was injured, “No” if they were not.
11. Vehicle Damage Description & Damage Estimate – Provide general description of damage to FDOT vehicle & approximate dollar estimate of damage

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

- 1 Crash/Incident Description- This is the FDOT 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 it did not.
- 3 If Yes, specify investigating agency and the case number
- 4 Signature- Signature of the driver.
- 5 Date Signed.

Section D: This section is for information related to the driver of a privately owned vehicle which is involved in the crash or incident.

(NOTE: If more than one other vehicle is involved (NOTE complete a separate copy of the second page of this form as necessary to record the required information):

- 1 Other Driver's Name- The Last name, First name 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 the driver's mailing address
- 6 Phone- Home telephone number of the 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 (if different from the driver's).

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM 500-000-15 (continued)

- 10 Address- Address of the owner of the (second) vehicle involved in the crash/incident (if different from the driver's).
- 11 – 13 City/State/Zip Code- of the vehicle owner (if different from the driver's)
- 14 Phone- Home phone number of the owner (if different from the 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

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 four 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 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
- 4 Task at the Time of Crash/Incident- Enter the corresponding code for the FDOT driver's task at the time of the crash/incident.

Section G- This section is provided for comments and signatures of the reviewers:

- 1 Supervisor-
 - Name- Name of the immediate supervisor
 - Phone- Supervisor's telephone number
 - Comments and recommendations- Supervisor's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - Signature- Supervisor's signature.
 - Date- The month, day and year that the Supervisor is writing their comments.
- 2 Safety Specialist /Designated Safety Person-
 - Name- Name of the Safety Specialist /Designated Safety Person
 - Phone- Safety Specialist /Designated Safety Person's telephone number
 - Comments and recommendations- Safety Specialist /Designated Safety Person's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - Signature- Safety Specialist /Designated Safety Person's signature
 - Date- The month, day and year that the Safety Specialist /Designated Safety Person is writing their comments.
3. Unit Manager/Office Head-
 - Name- Name of the Unit Manager/Office Head
 - Actions Taken- Unit Manager/Office Head's comments and corrective or preventive actions taken
 - Chargeable- Any crash or incident caused by negligence, failure to abide by laws, rules, or procedures. The determination of chargeable is exclusive of any police agency reports and citations
Indicate "Yes" if the FDOT driver violated any rules or procedures, "No" if the driver did not
 - Signature- Unit Manager/Office Head's signature
 - Date- The month, day and year that the Unit Manager/Office Head is writing their comments
4. Safety Manager/Loss Control Manager/or Designee-
 - Name- Name of the Safety Manager/Loss Control Manager/or Designee
 - Actions Taken- Safety Manager/Loss Control Manager/or Designee's comments and corrective or preventive actions taken
 - Signature- Safety Manager/Loss Control Manager/or Designee's signature
 - Date- The month, day and year that the Safety Manager/Loss Control Manager/or Designee is writing their comments

Responsibility for distribution of completed reports may be assigned by the individual District/Office to the District Safety and Health Manager, Safety and Health Specialist or designee. Copies are to be distributed as follows:

- (a) One copy to the State Safety Office, Industrial Safety, MS 53, Tallahassee, FL 32399-0450. (or input into ISIMS)
- (b) One copy to the Department's Office of General Counsel, MS 58, Tallahassee, FL 32399-0450. (when a third party is involved)
- (c) One copy to the Division of Risk Management, Department of Financial Services, 200 East Gaines St., Tallahassee, FL 32399-0337. (when a third party is involved)
- (d) One copy to the maintenance shop having jurisdiction over the vehicle.
- (e) One copy to the Local District Health and Safety manager.

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 Miami-Dade
88 Indian River
89 Martin
90 Monroe
91 Okeechobee
92 Osceola
93 Palm Beach
94 St Lucie

DRIVER EMPLOYEE TYPE

01 FDOT
02 DOC
03 Consultant/Contractor
04 Asset Management

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 Enterprise
10 Central Office— Finance and Admin
11 State Materials Office
12 Central Office— Engineering and Operations
13 Motor Carrier Compliance Office
14 Central Office-Intermodal System Development
15 Office of Information Systems

VEHICLE/EQUIPMENT TYPE

01 Attenuator-VMB - cushion
02 Boat - boat trailer
03 Bridge inspection vehicle
04 Bus
05 Cement mixer
06 Centerline - striping - paint vehicle
07 Chipper - hay blower - mulcher
08 Crew cab
09 Drilling rig - Truck
10 Dump truck
11 Equipment trailer
12 Forklift
13 Gradall
14 Heavy Equipment (bulldozer, backhoe)
15 Herbicide vehicle
16 MCCO vehicle
17 Misc Truck
18 Off road vehicle (ATV)
19 Patch truck
20 Pick up
21 Platform - sign - boom truck
22 Rental Leased
23 Sedan
24 Station Wagon
25 SUV
26 Transport/Lowboy/Flatbed
27 Vacuum truck/Sewer Cleaner
28 Van
29 Water truck

CRASH/INCIDENT TYPE

01 Crash
02 Incident

CRASH/ INCIDENT DESCRIPTION

01 Backed into object/ vehicle/ pedestrian
02 Collision with animal
03 Collision with cyclist/ pedestrian
04 Collision with fixed object
05 Collision with moving/ stopped vehicle
06 Collision with parked vehicle
07 Damage due to debris
08 Damage due to environmental conditions
09 Damage due to equipment failure/ defect
10 Damage due to improper equipment operation
11 Damage due to improper securing of loads/ mechanisms
12 Damage due to road conditions
13 Damage due to towing/ pushing operation
14 Damage due to vandalism/ theft
15 Damage due to vegetation

CRASH/INCIDENT CAUSE

01 FDOT Driver / Employee involving...
01a ...DUI/DWI
01b ...Excessive/ improper speed
01c ...Disregard of traffic control device
01d ...Mechanical equipment

01e ...Improper lane change
01f ...Improper turn
01g ...Following too close
01h ...Parking/leaving from parking
01i ...Backing
01j ...DOC/contract/consultant related
01k ...Insufficient clearance
01l ...Unsecured loads/vehicle mechanisms
01m ...Pedestrian/cyclist
02 Vehicle's mechanical/ electrical equipment (tires/ brakes)
03 Debris on roadway
04 Tree/ brush/ vegetation/ Debris not on roadway
05 Environmental Conditions
06 Thief/ Vandalism/ vehicle parked or unattended
07 Roadways and off road hidden objects
08 Driver Health/ condition
09 Animal
10 Other Driver

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 sodding
433 sodding
435 seeding, fertilizing, 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 and cross drains
457 concrete repair
459 concrete sidewalk repair
461 roadside ditches-clean, reshape
464 outfall ditches- clean, reshape
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
542 road sweeping manual
543 road sweeping- mechanical
544 rest area maintenance
545 edging and sweeping

REPORTING CODES (continued)

TASK AT TIME OF CRASH/INCIDENT(continued)

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, 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 material, equipment or personnel

CONSTRUCTION

Earthwork

220 control staking
221 cross staking
222 removal and relocation inspection
223 earthwork inspection
224 curb, 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

SURVEYORS

105 photo topographic
106 design survey
120 appraisal work negotiation
150 digital topographic
155 design changes and surveys

GENERAL or OTHERS

089 Law Enforcement
028 Facility and Equipment Maintenance
031 Seminars and Meetings
033 Training
034 General Office Work
036 Travel

DRIVER INSTRUCTIONS IN THE CASE OF VEHICLE CRASH

1. IMMEDIATELY STOP VEHICLE:

- a. Call for medical assistance in case of 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.

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

6. 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, FL 32399-0337
TELEPHONE: (850) 413-3122

NOTE: A listing of all 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 Fax (850) 410-5511
angel.birriel@dot.state.fl.us

DISTRICT 1

Oscar Aguirre (863) 519-2355 Fax (850) 534-7045
Oscar.Aguirre@dot.state.fl.us

DISTRICT 2

John Lilly (386) 961-7256 Fax (850) 961-7074
John.Lilly@dot.state.fl.us

DISTRICT 3

Eddie Johns (850) 330-1602 Fax (850) 415-9657
Eddie.Johns@dot.state.fl.us

DISTRICT 4

Richard Plaisir (954) 777-4343 4216 Fax (850) 777-4223
Richard.Plaisir@dot.state.fl.us

DISTRICT 5

Michael Register (386) 943-5293 Fax (386) 943-5716
michael.register@dot.state.fl.us

DISTRICT 6

Glen West (305) 470-5361 Fax (305) 470-5369
glenn.west@dot.state.fl.us

DISTRICT 7

Timothy Shipman (813) 975-6267 Fax (813) 975-6278
Timothy.Shipman@dot.state.fl.us

CENTRAL OFFICE

(See Angel Birriel)

TURNPIKE

Andrea Bellamy (954) 934-1243 Fax (954) 934-1354
andrea.bellamy@dot.state.fl.us