Professional Standards	
Under Sheriff Kevin McLeod	WEBER COUNTY SHERIFF'S OFFICE
Memorandum	

To: Vehicle Operator, Weber County Sheriff's Office

From: Deputy Brad Randall (Fleet)

CC:

Date: FEB 15, 2011

Re: **VEHICLE CRASH PACKET**

KEEP THIS PACKET IN YOUR VEHICLE

Enclosed you will find a copy of Supervisor accident investigation report, Employee first report of incident, & The County Accident form.

VEHICLE OPERATOR...If you are involved in a crash or receive any damage to the vehicle you are operating, you will need to contact your supervisor as soon as possible and make a written report with a case number. You will also need to fill out the enclosed County Motor Vehicle Crash Form and obtain three (3) bids for repair. You and your supervisor must sign the County Motor Vehicle Crash Form once it is completed. Review and complete the requirements of the Weber County Sheriff's Office Policy and Procedures Chapter 16 Section 27 and forward the completed report according to policy.

INSURANCE IDENTIFICATION INFORMATION

COMPANY:	UTAH COUNTIES INSURANCE POOL
POLICY NUMBER:	UCIP-11.100
EFFECTIVE DATE:	01/01/11
EXPIRATION DATE:	01/01/12 (Insurance renewed January of each year)

COMPANY ISSUING INFORMATION
UTAH COUNTIES INSURANCE POOL
P.O. Box 95730
SOUTH JORDAN, UT 84095
801-565-8500

WEBER COUNTY INSURANCE COORDINATOR
KIM LEE
2380 WASHINGTON BLVD. #230
OGDEN, UT 84401
801-399-8548

Thank you,

Supervisor / Safety Investigation Report

Supervisor: _____ **Department:** _____

Date/Time incident occurred: _____ **Date/Time reported:** _____

Reported by: _____ **Person Injured:** _____

Severity Potential: ☐ Major ☐ Serious ☐ Minor **Probable Recurrence:** ☐ Frequent ☐ Occassional ☐ Rare

Severity of Injury: ☐ First Aid ☐ Medical ☐ Lost Work Days **Sent for medical treatment:** ☐ Yes

Incident Report Only: ☐ Che

Incident Resulted in: ☐ Injury ☐ Fatality ☐ Prop. Damage

Cause: (check contributing factors if applicable)

Unsafe Conditions:

☐ Defective Tools/Equipment/Substance ☐ Unsafe Design or Construction

☐ Hazardous Arrangement ☐ Unsafe Illumination ☐ Unsafe Ventilation

☐ Unsafe Clothing ☐ Insufficient Instruction

Unsafe Acts:

☐ Operating without authority ☐ Using unsafe epuipment ☐ Using equipment unsafely

☐ Unsafe Loading ☐ Unsafe Position ☐ Working on moving or dangerous equipment

☐ Distraction or Horseplay ☐ Failure to use personal protective devices

Why did unsafe condition exist? _____

Why was unsafe act committed? _____

Was the incident avoidable? ☐ Yes ☐ No **Is this the same description as the employee?** ☐ Yes ☐ No

Explain: _____

GUIDES TO CORRECTIVE ACTION (To be completed by Supervisor)

Based on the cause checked above, I am taking the following corrective action:

Unsafe Condition: ☐ Remove ☐ Warn ☐ Training

Unsafe Act: ☐ Stop worker ☐ Study Job ☐ Instuct ☐ Follow up ☐ Enforce

If supervisor unable to handle, then recommend to: ☐ Boss ☐ Risk Management ☐ Other

If other, please list:

Follow up:

What I am doing to prevent similar incidents:

Further Recommendations:

Additional Comments/Information:

Supervisor Signature:

Date:

EMPLOYEE REPORT OF INCIDENT

This form **must be completed before end of shift** in which incident occurred and sent to Emily in Human Resources
If you have any questions, please **call (801) 399-8624**

Name: _____ **Date of Birth:** _____

Social Security #: _____ **Time employee began work:** _____

Supervisor: _____

Department: _____

Date & Time of Incident: _____

Witnesses / Phone # _____

Describe incident, giving full details include: Where? What? When? How? Why?

_____

To whom was the incident reported / Date & Time Reported _____

If delayed reporting, give reason: _____

How could this have been prevented? _____

Part of Body

☐ Head ☐ Eyes ☐ Nose ☐ Mouth ☐ Ear ☐ Neck ☐ Shoulder ☐ Back, upper ☐ Back, lower
☐ Chest ☐ Arms ☐ Wrist ☐ Hand ☐ Finger ☐ Hip ☐ Thigh ☐ Knee ☐ Leg ☐ Ankle ☐ Foot
☐ Toes ☐ Internal

Type of Injury

☐ Puncture Wound/Laceration ☐ Foreign Body ☐ Sprain/Strain ☐ Hernia ☐ Fracture/Dislocation
☐ Burn/Scald ☐ Irritation ☐ Respiratory ☐ Tendonitis ☐ Contusion

Other type of injury, please list: _____

Cause of injury:

☐ Fall from chair / Equipment ☐ Fall on Same Level ☐ Fall from different level

☐ Fall from Fainting ☐ Slip on Something ☐ Slip on spill ☐ Slip, no fall ☐ Struck by person

☐ Struck by Equipment ☐ Struck by Tool or Object ☐ Pulling ☐ Pushing ☐ Lifting

☐ Reaching or Bending ☐ Exposure ☐ Overexertion ☐ Inhalation ☐ Old Injury

Other cause of injury, please list:

Location of incident:

Did you receive First Aid Treatment? ☐ Yes ☐ No **By whom? When?**

Were you seen by a Physician? ☐ Yes ☐ No **By whom? When?**

Employee Signature:

Date completed:

Additional Information:

MOTOR VEHICLE ACCIDENT REPORT

Submit to: Weber County Attorney's Office • 2380 Washington Blvd. • Ogden, UT 84401
County Employees (Drivers) to complete this report immediately.

COUNTY EMPLOYEE INVOLVED (Driver)

Name		Age	Sex	Department	Phone	
Address	City	State	Zip	Home Phone	Driver License No.	Expires
For what purpose was Employee driving County vehicle?						

ACCIDENT INFORMATION

Date and time of occurrence AM PM	Location of accident	City	State
Law Enforcement Agency to whom reported	Investigating Officer	If citation issued, to whom?	
Provide complete description of accident.			
(Use reverse side for diagram and additional information)			

COUNTY VEHICLE INVOLVED

Veh. No.	Year	Make	Model	VIN (Vehicle Identification No.)	License Plate No.
County Dept. responsible for vehicle			Dept. Head Name	Phone	Used with Permission ☐ Yes ☐ No
Purpose for which being used at time of accident				Was use for this purpose authorized? ☐ Yes ☐ No	
Describe Damage					
			Repair Estimate $	Where is vehicle now located?	

OTHER VEHICLE OR PROPERTY INVOLVED (Use reverse side for additional list or information)

Owners Name	Address	City	State	Zip	Phone
Other Driver	Address	City	State	Zip	Phone
Driver License No. State	Insurance Company Name and Address				
Describe Property (if motor vehicle, year, make, license plate # and VIN)					
Describe Damage		Repair Estimate $	Where can property be seen?		

INJURED PERSONS AND NATURE OF ILLNESS

#1 Name	Address	Age	Sex	Phone
Nature of injuries		Injured was: Driver ☐ Passenger ☐ Ped.☐		
Where was injured taken after accident?	By Whom?	Doctors Name and Address		
Employers Name	Address	Phone	Has injured resumed work? ☐ Yes ☐ No	
#2 Name	Address	Age	Sex	Phone
Nature of injuries		Injured was: Driver ☐ Passenger ☐ Ped.☐		
Where was injured taken after occurrence?	By Whom?	Doctors Name and Address		
Employers Name	Address	Phone	Has injured resumed work? ☐ Yes ☐ No	

WITNESSES

Name	Address	Phone	Passenger? ☐ Yes ☐ No
Name	Address	Phone	Passenger? ☐ Yes ☐ No
Name	Address	Phone	Passenger? ☐ Yes ☐ No

Signature of County Driver involved _____ Date _____

Signature of Supervisor _____ Date _____

Signature of Department Director _____ Date _____