

DEPARTMENT OF PUBLIC WORKS MANAGEMENT MANUAL

**Personnel
Directive**

Subject: AUTOMOBILE ACCIDENT
REPORT

ADOPTED BY THE BOARD OF PUBLIC WORKS, CITY OF LOS ANGELES

June 20, 2007

PERSONNEL DIRECTIVE NO. 15

BACKGROUND

Sections 10.000 of the Personnel Procedures Manual of the Personnel Department direct that every City employee involved in an automobile accident – no matter how slight – must complete an Automobile Accident Report, Form Gen. 88 (See Attachment C). This applies to all employees while driving, in control of, or responsible for any City-owned, rented, or mileage motor vehicle. The procedure should be followed even if there is a question of a vehicle being on City mileage at the time of the accident.

This Directive does not include specific instructions for filling out the form, but provides general information and procedures Public Works employees should know. Also, employees should refer to Personnel Directive No. 45 on the related subject of Accident Investigation Panels.

PROCEDURE

- I. Locate the Vehicle Accident Report Envelope, usually found in the glove compartment of the vehicle, follow the instructions located on the cover (See Attachment A), and follow the Accident Reporting Instructions (See Attachment B) contained therein.
- II. Complete the Automobile Accident Report (See Attachment C) and submit it with witness cards (See Attachment D) or any other pertinent information to your immediate supervisor as soon as possible. The original copy of the Report must be received by the City Attorney's Office within 24 hours of the accident.
- III. In accordance with the instructions on the back of the original (City Attorney's) copy of the Report, no copy of the information set forth in Parts V and VI of the Report shall be made or retained in any file.

NOTE: All City-owned vehicles involved in accidents, must be brought into the General Services Department, Fleet Services [Phone (213) 485-5380] for inspection within five (5) working days.

- IV. Notify the Police Complaint Board of any automobile accidents at (877) 275-5273.

- V. Also notify the Police Complaint Board [(877) 275-5273]:
1. In cases of injury or death of an animal due to an automobile accident. (A reasonable attempt should also be made to find and inform the owner of the animal.); and
 2. If accused of being involved in an accident without knowledge of any such accident.
- VI. In cases of INJURY OR DEATH due to an automobile accident, the employee or the employee's supervisor must notify the following immediately in the sequence as listed:
1. Police Complaint Board, (877) 275-5273 or 9-1-1
 2. City Attorney's Office/Automobile Liability Division, (213) 978-7040
 3. CAO/Risk Management, (213) 978-7475
 4. On nights or weekends call 3-1-1 or (213) 978-3231
 5. If injury or death of a City employee, call the Worker's Compensation Office, (213) 847-9405.
- VII. Any forms or correspondence received at a later date regarding the accident should not be completed or signed, but immediately forwarded to:
- Office of the City Attorney
210 North Main Street
Room 600, City Hall East
Los Angeles, California 90012
Mail Stop 140
Attention: Auto Liability
- VIII. Any employee involved in an accident must not sign any statement, admit negligence or fault, or take any action to indicate assumption of personal liability or City liability.

References: Personnel Department Procedures Section 10.000
Employee Relations Bulletin, January 24, 2006,
<http://caodocs.ci.la.ca.us/ERBulletins/ERBulletin-2006-01-24.pdf>

Attachments: A) Cover of Vehicle Accident Report Envelope,
http://www.lacity.org/cao/risk/manual/Sec6-02_TrafficAccidentKit_2005-0620.pdf , last doc.

B) Accident Reporting Instructions
http://www.lacity.org/cao/risk/manual/Sec6-02_TrafficAccidentKit_2005-0620.pdf , 1st document

C) Vehicle Accident Report: <http://cityweb.ci.la.ca.us/repository/forms/urldisplay.cfm?id=299>
New edition, 11/06, don't use the vehicle accident report from the website listed above under B

D) Witness Cards
http://www.lacity.org/cao/risk/manual/Sec6-02_TrafficAccidentKit_2005-0620.pdf ,2nd document

CITY OF



LOS ANGELES

VEHICLE ACCIDENT REPORT ENVELOPE

FIRST

STOP IMMEDIATELY AND DETERMINE DAMAGE.
AVOID OBSTRUCTION TRAFFIC, IF POSSIBLE.
PLACE EMERGENCY FLAGS OF FLARES. (IF AVAILABLE).

SECOND

FOLLOW ENCLOSED 'ACCIDENT REPORTING INSTRUCTIONS.'
BE COURTEOUS - AVOID ARGUMENT.
GET WITNESSES TO SIGN WITNESS CARDS.

THIRD

SING NO STATEMENTS
DO NOT ADMIT NEGLIGENCE OR FAULT
ASSUME NO LIABILITY YOURSELF OR FOR THE CITY

FOURTH

SUBMIT CONTENTS OF THIS ENVELOPE TO YOUR SUPERVISOR
REPLACE THE CONTENTS OF THIS ENVELOPE AND PLACE IN
GLOVE COMPARTMENT.

Make Sure You Have Completed Accident Form Gen. 88

CONTENTS

4 Witness Cards
1 Accident report Form Gen. 88 (with 4 carbon copies)
1 copy of "Accident Reporting Instructions"

CITY OF LOS ANGELES

ACCIDENT REPORTING INSTRUCTIONS

- I. Notify Police Complaint Board (phone number below) in ALL cases involving damage to a City Vehicle, regardless of the extent of damage. This includes:
 - a. When accident occurs in County area or other incorporated city.
 - b. Driver is accused of being involved in an accident but has no knowledge of same.
 - c. Animal is seriously injured or killed.
Search for owner and report circumstances.
- II. IN CASE OF INJURY OR DEATH notify the City Attorney's Office (phone number below).
Department of Public Works employees will ALSO notify the Safety Engineer, on nights and weekends through the City Hall Operator.
- III. Remain at scene of accident and obtain information from other person's driver's license, etc.
- IV. Have witnesses sign witness cards.
- V. Fill out Accident Report Form Gen. 88.
- VI. Submit contents of envelope to your supervisor as soon as possible. Form Gen. 88 must be received by the City Attorney within 24 hours of accident.

NOTE: Two carbon copies of Form Gen. 88 must not contain information provided on the back portion of the original or City City Attorney's copy.

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POLICE COMPLAINT BOARD
485-2683 or 625-3311
or, for Emergency Number, Dial "Operator"

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CITY ATTORNEY'S OFFICE
Automobile Liability Division
485-3634

IF NO ANSWER, CALL CITY HALL OPERATOR
AT 485-2121 AND ASK TO HAVE YOUR CALL RELAYED

New updated phone numbers:

POLICE (NON-EMERGENCY)

877 275-5273

AUTOMOBILE LIABILITY SECTION

213 978-7040

EMERGENCY NUMBER – 911

CITY HALL OPERATOR – (213) 485-5380

FLEET BODY SHOP – (213) 485-5380

IF NO CONTACT AT ABOVE NUMBERS:

CALL 311

CITY OF LOS ANGELES — WITNESS CARD
Will you please assist the driver by filling out this card?

STREET NO. OR INTERSECTION WHERE ACCIDENT OCCURRED	
DATE (MONTH, DAY, YEAR)	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
IN YOUR OPINION WHO WAS RESPONSIBLE? <input type="checkbox"/> OUR DRIVER <input type="checkbox"/> OTHER DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN	
NAME (Print)	ADDRESS
CITY AND STATE	TELEPHONE NO.
Did you see the accident occur? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Did you see anyone hurt? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Were you riding in a vehicle involved? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Form Gen. 84b—9-65

THANK YOU

**CITY OF LOS ANGELES
AUTOMOBILE ACCIDENT REPORT**

Instructions: This written report must be filed with the City Attorney within 24 hours of a traffic accident, no matter how slight the damage or injury. Any City employee who is involved in an accident while driving a city-owned, rented or mileage vehicle must complete this form.

In case of injury or death immediately contact the City Attorney Claims Division at (213) 978-7050. If after hours, contact the City Hall Operator at 311, (213) 978-3231, or (866) 452-2489

All City owned vehicles need to be brought to GSD Fleet Services within 5 working days. Call (213) 485-5380 for directions.

Distribution: City Attorney & Operating Department get both pages 1 & 2. Send GSD Fleet Services & Personnel Department page 1 only.

DATE OF ACCIDENT	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LOCATION (Street, Freeway)	(City)
CITY VEHICLE GOING TO (ADDRESS)		COMING FROM (ADDRESS)	PURPOSE OF TRIP

PART I- CITY VEHICLE

DRIVER'S NAME			RESIDENCE ADDRESS		CITY	ZIP CODE	RES. PHONE NO.	DATE OF BIRTH
DEPARTMENT/BUREAU		SUPERVISOR'S NAME		BUSINESS ADDRESS (Building and Room No., Section)			MAIL STOP	BUS. PHONE NO. (Ext.)
MAKE	MODEL	YEAR	EQUIP. NO.	LICENSE NO.		REGISTERED OWNER	DRIVER LICENSE#	
MILEAGE VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF INSURANCE COMPANY			POLICY #		INS. CO. NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PASSENGER(S) 1.		(Name)		(Address)			City Employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2.							<input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS ANY PERSON IN CITY VEHICLE INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO			WAS CITY VEHICLE DAMAGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		POINTS OF IMPACT			
ODOMETER READING			PART OF VEHICLE DAMAGED					

PART II- OTHER VEHICLE

DRIVER'S NAME			ADDRESS		DRIVER LICENSE#	RES. PHONE NO.	AGE	
EMPLOYER			EMPLOYER'S ADDRESS			BUS. PHONE NO. (Ext.)		
MAKE	MODEL	YEAR	LICENSE NO.	REGISTERED OWNER (Name & Address)				
INSURANCE COMPANY			POLICY #					
PASSENGER(S) 1.		(Name)		(Address)			BUS. PHONE NO. (ext.)	RES. PHONE NO.
2.								
WAS OTHER VEHICLE DAMAGED? <input type="checkbox"/> YES <input type="checkbox"/> NO		PART OF VEHICLE DAMAGED			WAS ANY PERSON IN OTHER VEHICLE INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PART III- PROPERTY DAMAGE (Other than vehicle)

LIST PROPERTY THAT WAS DAMAGED OR CLAIMED TO BE DAMAGED		
OWNER'S NAME	ADDRESS	PHONE NO.
DESCRIBE PROPERTY		

COMPLETE AND SIGN ORIGINAL ON BOTH PAGES

TYPED NAME AND TITLE OF PERSON FILING REPORT	EMPLOYEE SIGNATURE	DATE
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PART IV- WITNESSES

NAME	ADDRESS	BUS. PHONE NO. (ext.)	PHONE NO. (residence)

PART V- INJURIES

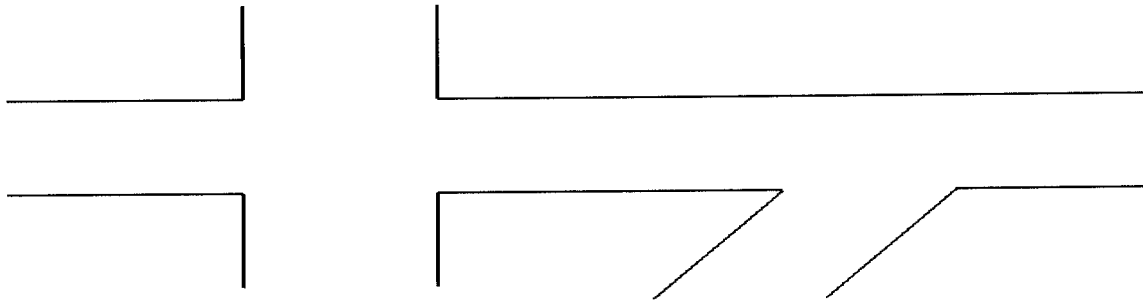
NAME OF PERSON(S) CLAIMING INJURY	(Address)	(Phone)	(Sex)	(Age)

PART VI- DESCRIPTION OF ACCIDENT

L.A.P.D. INVESTIGATION? YES NO	NAME OF OTHER INVESTIGATING POLICE DEPARTMENT (If no investigation, indicate "NONE")		
DIRECTION CITY VEHICLE WAS TRAVELING	STREET	SPEED	SPEED
TRAFFIC CONTROL NONE STOP SIGN SIGNAL OTHER (Specify)	WAS TRAFFIC CONTROL OBEYED? YES NO		
DIRECTION OTHER VEHICLE WAS TRAVELING	STREET	SPEED	SPEED LIMIT
TRAFFIC CONTROL NONE STOP SIGN SIGNAL OTHER (Specify)	WAS TRAFFIC CONTROL OBEYED? YES NO		
WEATHER CONDITION	DAY NIGHT	VISIBILITY GOOD POOR	

Describe the facts of the accident in detail.

DIAGRAM OF ACCIDENT



LEGEND CITY VEHICLE  OTHER VEHICLE 	EMPLOYEE SIGNATURE	DATE
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SUPERVISOR'S COMMENT

SUPERVISOR'S SIGNATURE	DATE
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