



RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
Occupational Therapy and Recreation Therapy Department

POLICY AND PROCEDURE

SUBJECT: ACCIDENTS OR BREAKDOWNS IN DRIVER TRAINING OR OTHER COUNTY VEHICLES	Policy No.: 605.1
	Revised: Dec 2019
	Supersedes: June 2016
	Page: 1 of 3

PURPOSE

To communicate staff responsibilities in the event of an accident or breakdown in a County Vehicle.

POLICY

Employees operating or instructing patients in a County vehicle shall be knowledgeable about and follow the procedures outlined below in the event of a vehicular accident or breakdown.

PROCEDURE

Refer to Administrative Policy and Procedure No. A325 on County Vehicles.

ACCIDENTS IN COUNTY VEHICLES

Follow the instructions in the packet located in the glove box of the vehicle.

1. Begin CPR if indicated.
2. Off Rancho Grounds:
 - A. Call Paramedics.
 - B. Call Police.
3. On Rancho Grounds:
 - A. Call Safety Police.
 - B. Call inpatient unit if appropriate.
4. Complete the County of Los Angeles Report of Vehicle Collision or Incident form.

5. Arrange for patient(s) and staff to be picked up as soon as possible.
6. Notify Staff Supervisor and Volunteer Services if a volunteer was present at time of incident.
7. Upon return to Rancho, if medical care has not already been provided, patient and staff will be examined for potential medical problems.
 - A. Inpatient - unit physicians.
 - B. Staff - See Departmental Policy No. 609, "Employee Injury & Illness".
 - C. Volunteers - Occupational Health Service with referral to Downey Regional or private physician as needed.
8. Complete accident or damage report and submit to the department head/service chief and to Transportation at Rancho within 24 hours.
9. Complete all other forms required and complete an event notification report in Safety Intelligence portal.
10. Direct any questions about insurance and details of the accident to the Supervisor of Transportation.
11. Investigation of circumstances regarding the accident, damage, or unsafe act involving equipment will be conducted by the Rancho Safety Officer, with recommendations to the Safety Committee for appropriate action.

BREAKDOWNS IN COUNTY VEHICLES

1. Flat Tires. Call the tow company who will change the tire.
2. If the vehicle breaks down and requires towing or tire change, follow the instructions in the packet located in the glove box of the vehicle.
3. Contact the designee in charge of Transportation to arrange for transportation back to the facility.
4. If break down occurs after regular working hours, contact Rancho's telephone operator to communicate with the designee in charge of Transportation (instructions and phone numbers located in the glove box of vehicles).

EMERGENCY EQUIPMENT AND INSTRUCTIONS KEPT IN VEHICLES

- 1. County of Los Angeles "In Case of Accident" packet is kept in the glove compartment of all county vehicles. The packet includes: a "County of L.A. Report of Vehicle Accident or Incident" form, and "Vehicle Accident Reporting Procedures" (Attachment A), and "Tow Request Procedure".**
- 2. Check batteries and function of cellular phones. Keep in vehicles when on the road.**
- 3. A fire extinguisher is kept in each vehicle. They are usually in the trunk of cars, and under a seat in vans.**
- 4. First aid kits are kept in all vehicles. They are in the trunk of cars, and in the van toolbox.**
- 5. Vehicle checklists for Driver Training Vehicles are done prior to every session by the Driving Instructor. Problems are addressed immediately with Transportation. Vehicle checklists are kept at the Driver Training Office.**

Bertha Cabral

Digitally signed by Bertha Cabral
DN: cn=Bertha Cabral, o=Rancho Los Amigos
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Date: 2020.04.28.10:45:17 -08'00'

Director, Occupational Therapy and Recreation Therapy Department

COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION or INCIDENT
 FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO CARL WARREN & CO. (818) 247-2206
 Prepared for County Council in defense of the County, Special Districts and Employees

VEHICLE DRIVEN BY EMPLOYEE (check one)			
Dept. Name: _____ Dept. #: _____	<input type="checkbox"/> COUNTY VEHICLE <small>(Includes Veh. Leased or rented by CO.)</small>	<input type="checkbox"/> EMPLOYEE'S VEHICLE Insurance Co. _____ Policy No. _____ Permittee <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTRACT CITES SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of contract city _____
DIV. Or Facility: _____		EQUIP. No. _____	
SECTION: _____		License No. _____	
RMIS Code #: _____			
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICE AGENCY REPORTING _____ STATION _____ REPORT # _____	
INCIDENT DATE _____ CITY _____ ON _____ AT _____			
HOUR _____ AM _____ PM _____ OR AREA _____ (Street or Highway)			
COUNTY DRIVER (1)	DRIVER: _____ Job Title _____ Driver's Lic. No. _____		
	Address: Home _____ Phone _____		
	Work Location _____ Phone _____ Ext. _____		
	VEHICLE: Year _____ Make _____ Model or Type _____ Lic. No. _____ Parts Damaged _____		
PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____		Name _____	
Home Address _____		Home Address _____	
Phone: Work _____ Home _____		Phone: Work _____ Home _____	
OTHER DRIVER (2)	DRIVER _____		
	DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY NO. _____		
	EMPLOYER _____ <small>(Name of Person, Company, or Organization) (Address) (City) (State) (Zip Code) (Phone)</small>		
	VEHICLE _____ Veh. Lic. No. _____ <small>(Year) (Make) (Model or Type) (Year) (Number) (State)</small>		
	PARTS DAMAGED _____		
	REGISTERED OWNER _____ <small>(Name) (Address) (City) (State) (Zip Code) (Phone)</small>		
PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____		Name _____	
Home Address _____		Home Address _____	
Phone: Work _____ Home _____		Phone: Work _____ Home _____	
OTHER DRIVER (3)	DRIVER _____		
	DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY NO. _____		
	EMPLOYER _____ <small>(Name of Person, Company, or Organization) (Address) (City) (State) (Zip Code) (Phone)</small>		
	VEHICLE _____ Veh. Lic. No. _____ <small>(Year) (Make) (Model or Type) (Year) (Number) (State)</small>		
	PARTS DAMAGED _____		
	REGISTERED OWNER _____ <small>(Name) (Address) (City) (State) (Zip Code) (Phone)</small>		
PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		PASSENGER: _____ CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____		Name _____	
Home Address _____		Home Address _____	
Phone: Work _____ Home _____		Phone: Work _____ Home _____	
INJURED / WITNESSES	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY		
	NAME _____ PHONE _____		NATURE OF INJURY _____
	ADDRESS _____		TAKEN TO _____
	Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY		
	NAME _____ PHONE _____		NATURE OF INJURY _____
	ADDRESS _____		TAKEN TO _____
Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY			
NAME _____ PHONE _____		NATURE OF INJURY _____	
ADDRESS _____		TAKEN TO _____	
Check one: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY			
NAME _____ PHONE _____		NATURE OF INJURY _____	
ADDRESS _____		TAKEN TO _____	

INSTRUCTIONS: Complete form within 24 hours of vehicle collision and submit to your supervisor.
 If more space is needed to completely answer any category on this form, attach an additional sheet.



DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED
 Show your Vehicle as 1 the other Vehicles as 2, 3, etc.

SHOW the location and position of Vehicle(s) at point of impact.
 SHOW the name of the street(s) and location of stop signs, signals.
 STATE number of lanes and length of skidmarks.

Co. Vehicles Involved _____

Photos Attached _____

EXPLAIN CLEARLY HOW COLLISION OCCURRED. USE ADDITIONAL SHEETS IF NECESSARY (IF SHERIFF DEPT., STATE IF MDT RELATED?)

DISTRIBUTION:
 Department procedure for distribution to be followed; copies must be forwarded to the following
 ORIGINAL: CARL WARREN & CO., P.O. Box 116, Glendale, CA 91209-0116
 1 COPY - (If CO. Vehicle damaged) Internal Services Dept., 1100 N. Eastern Ave., Room 210, L.A. 90063
 (Not applicable for Road and Flood Control Vehicles)

(9) WEATHER (11) EVASION ACTION

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Clear | by CO. Driver |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Locked Brakes |
| <input type="checkbox"/> Fog | <input type="checkbox"/> Hard Brakes |
| <input type="checkbox"/> Dusty | <input type="checkbox"/> Slowed/Stopped |
| <input type="checkbox"/> Snow | <input type="checkbox"/> Steered Away |
| <input type="checkbox"/> Heavy Smog | <input type="checkbox"/> Accelerated |
| <input type="checkbox"/> Other | <input type="checkbox"/> None |
| | <input type="checkbox"/> Other |

(1) LOCALITY

- Rural-Hwy/Roadway
- Residential
- Business/Shopping
- Freeway
- Motor Way (Mtn.)
- Open Field
- Private Road
- Other

(2) OPERATING AREA

- Non-Intersection
- Nearing Intersection
- In Intersection
- Leaving Intersection
- Entering Driveway
- Leaving Driveway
- Construction Zone
- Parking/Bus. Lot
- Other

(3) MOVEMENT

- 1 2
- Straight Ahead
 - Lane Change
 - Making Right Turn
 - Making Left Turn
 - Standing
 - Parked
 - Backing
 - Rolling Back
 - Moving Unattended

(4) TRAFFIC CONTROLS

- None Present
- Green Signal
- Yellow Signal
- Red Signal
- Flashing Signal
- Stop Sign
- Warning Sign
- Construction Sign
- Other

(5) AMOUNT OF TRAFFIC

- No Other
- Light
- Medium
- Heavy-Flowing
- Congested

(6) TERRAIN

- Level
- Upgrade
- Downgrade
- Hill Crest
- Dip

(7) ROAD SURFACE

- Concrete
- Asphalt
- Oiled/Gravel
- Unpaved
- Other

(8) VISIBILITY

- Good
- Fair
- Poor
- Very Poor

(10) ROAD CONDITION

- Dry
- Wet
- Muddy
- Snowy or Icy

(12) SAFETY BELTS

- Installed, Not Worn
- Installed and Worn
- Not Installed
- Vehicle Unoccupied

(13) EMERGENCY RESPONSE

(Applies to Vehicle driven by employee)

Were red lights and siren activated? Yes No

County Driver's Item No. _____ Employee No. _____ Age _____

Total Yrs. Driv. _____ Total Yrs. Driv. for CO. _____ Total Yrs. this type Veh. _____

SIGNATURE OF EMPLOYEE _____ DATE _____

SIGNATURE OF SUPERVISOR _____ DATE _____

SIGNATURE OF DEPT. HEAD OR AUTH. REPRESENTATIVE _____ DATE _____