

Standard Operating Procedure	NO: 04-02-05
Scriba Volunteer Fire Department Scriba, NY	Date: 04/15/2017
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Title: APPARATUS ACCIDENTS	Revision: 0 Date:

PURPOSE

To establish a standardized guideline related to accidents involving Scriba Volunteer Fire Department apparatus or property not owned by the Scriba Fire Department Corporation

GUIDELINE

- All accidents or damage involving department apparatus will be reported to the Chief’s Office on an incident report no matter how minor unless advised by the Chief that a report is not necessary.
- If apparatus is involved in an accident that involves a civilian vehicle, pedestrian, or while operating lights and siren Law enforcement will be immediately notified and the following steps followed.
 - Check all involved parties for injuries, render aid where needed
 - Begin traffic control if needed
 - Notify dispatch to send other units to original alarm.
 - Notify a Chief as soon as possible
- Operator and members should not talk to anyone about the circumstances surrounding the accident at the scene with the exception of Law Enforcement and Chief or Officer on-scene.
- Identify any witnesses or potential witnesses before they leave if possible.
- In order to protect the operator from false accusations. The operator will be accompanied Oswego hospital for a drug and alcohol test.
- Either the State Police or County Sheriff’s Department will conduct an investigation related to blame or wrong doing.
- The Chief will appoint a three member investigation team that will address ways that the incident can become a learning experience and possible prevent future such incidents or injuries.
- If it is found that the operator is at fault for the accident, he/she will receive a driving suspension for a minimum of 2 weeks with a maximum of qualification revocation.

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APPARATUS INCIDENT REPORT

OPERATOR: _____

CREW Members: _____

Date and Time of the Incident: _____

Incident Location: _____

Weather Conditions: _____

Description of Incident: _____

Any Damage to Personnel, Apparatus, or Equipment:

Signed: _____