



Policy 908

Subject

DEPARTMENTAL VEHICLE CRASHES

Date Published

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By Order of the Police Commissioner

POLICY

It is the policy of the Baltimore Police Department (BPD) to thoroughly investigate all motor vehicle crashes.

DEFINITIONS

ACRS — Automated Crash Reporting System.

Assault On Police By Motor Vehicle — Not a motor vehicle crash. (see Intentional Act).

Crash — An unintentional event that produces injury or damage, involving vehicle(s) in transport or ready for transport.

Deliberate Exposure — The placement of a vehicle in a stationary position to protect a crash or crime scene or as a roadblock for detouring traffic.

Fleet Vehicle — Any vehicle owned or under the direct control of the BPD.

Intentional Act — The deliberate striking of another vehicle or individual, by a vehicle, with the intent to stop or assault the vehicle or individual.

Non-Fleet Vehicle — Any vehicle that is used by the BPD, but is not owned or under the direct control of the BPD. (e.g., leased vehicles, rented vehicles, vehicles on loan to the BPD from other agencies for official use.)

Non-Preventable Crash — Any reportable crash involving a fleet or non-fleet vehicle where the member acted reasonably and prudently to avoid a collision, consistent with BPD regulations, training and/or Maryland Vehicle Law.

Non-Reportable — Any vehicle legally parked that is involved in a crash.

Preventable Crash — Any reportable crash involving a fleet or non-fleet vehicle where the member violated BPD regulations, training, Maryland Vehicle Law, and/or any other applicable law.

Traffic Related Incident — Any crash involving a fleet or non-fleet vehicle being operated or under the control of a member that does not require an ACRS report and is classified as a non-reportable departmental crash in the Fleet Safety Database (e.g., deliberate exposure, a vehicle legally parked that is involved in a crash, vehicle struck by flying debris, striking a wild animal for which the owner cannot be located, etc.).

Training Incident – Any crash involving a fleet or non-fleet vehicle being operated by a member during authorized training and is classified as a non-reportable departmental crash in the Fleet Safety Database. This includes vehicles being used for motorcycle, dirt bike and other motor vehicle training. This does not apply to sworn members in field training who have successfully completed driver training.

REQUIRED ACTION

Member

1. Immediately report any and all crashes involving a fleet vehicle or non-fleet vehicle to your first-line permanent-rank supervisor and to the Communications Unit. This includes fleet/non-fleet vehicle accidents that occur outside the jurisdiction of Baltimore City.
2. If an individual has an obvious injury, complains of injury, or medical attention is requested by any individual, render first aid consistent with training and experience. Request that a medic respond to the scene or transport the injured individual(s) directly to the nearest hospital emergency room.
3. Secure the crash scene and its contents. Request additional units if needed.
4. Locate and secure all witnesses; do not allow them to leave the scene of the crash.
5. Redirect and detour traffic as required. Do not move any involved vehicles or allow the Fire Department to wash down the crash scene unless there are exigent circumstances.

Permanent-Rank Supervisor

1. Respond to the scene of all crashes involving a member under your immediate supervision or when requested.
2. Ensure that first aid is immediately rendered to the injured if not already done.
3. Ensure that the crash scene is secured and rendered safe.
4. Request the Crash Team to respond to the scene and assist their investigation as directed.
5. In the event that the Crash Team is unable to respond to a departmental crash involving a member under your immediate supervision, conduct the crash investigation. A Crash Investigation Package shall consist of the following reports and/or items:
 - 5.1. Crash Tracking Checklist, Form 393 (see Appendix A).
 - 5.2. ACRS Report.
 - 5.3. Crash Statement, Form 394 (see Appendix B). This form shall be completed for involved members and citizens as well as witnessing members and citizens.
 - 5.4. Employee Incident Report (EIR), if applicable.
 - 5.5. Photographs of the crash scene. Ensure to photograph all vehicles involved, any additional property damage, injuries, roadway conditions, etc.

6. Scan/email a copy of the Crash Investigation Packet to Crashteam@baltimorepolice.org prior to the end of your tour of duty.
7. Cases of intentional striking of a vehicle or subject with a vehicle by a sworn member shall be investigated as a use of force (see Policy 1115, *Use of Force*).
 - 7.1. Intentional striking meeting the criteria of Level 3 Reportable Force shall be investigated by SIRT. The Crash Team may be required to assist in the investigation.
 - 7.2. Intentional striking not meeting the criteria of Level 3 Reportable Force shall be investigated by the Crash Team.
8. Ensure the fleet or non-fleet vehicle involved in the crash is taken to Biddle Street Garage within 72 hours for a repair estimate. Immediately forward the estimate to the Fleet Safety Unit.

Crash Team

1. Serve as the primary investigating entity for the following crashes:
 - 1.1. All fleet and non-fleet vehicle crashes, traffic related incidents, and training incidents as defined in this policy.
 - 1.2. Confirmed fatal vehicle crashes and vehicle crashes with life-threatening personal injuries.
 - 1.3. Confirmed fatal crashes and crashes with life-threatening personal injuries on public roadways involving vehicles of mass transportation and a motor vehicle or pedestrian (e.g., buses, the light rail, subways, trains, etc.).

NOTE: The Crash Team does not investigate derailments or aviation crashes.

2. Respond and assist BPD personnel with advice and/or consultation as requested or needed.
3. Perform other traffic related duties as directed by the Commanding Officer, Traffic Section.
4. Process requests for Crash Team case files, reports and photos.

Fleet Safety Unit

1. Review all fleet and non-fleet crash investigation cases for completeness and accuracy.
2. Classify fleet and non-fleet reportable crashes as one of the following:
 - 2.1. Non-Preventable; or
 - 2.2. Preventable.
3. Deliver cases classified as preventable to the Office of Professional Responsibility within 15 days of receiving the damage estimate.
4. Maintain the Fleet Safety Database. This database includes all fleet and non-fleet crash

information and BPD driving records.

5. Collect, analyze and disseminate, upon request, departmental crash data.
6. Maintain files and provide technical and clerical assistance to the Chairperson, Traffic Accident Hearing Board.
7. Perform other traffic related duties as directed by the Commanding Officer, Traffic Section.

Professional Development and Training Academy.

1. Submit a written report to the Fleet Safety Unit containing the name, rank or classification and assignment of all employees and the type of vehicle the employee is qualified to operate.
2. Provide the Emergency Vehicle Operation Course (EVOC), and forward written notice of attending members' successful completion to their commanding officer and the Fleet Safety Unit.

Meritorious Service Board

Award the Safe Driver Commendation to qualifying members via the member's commanding officer.

APPENDICES

- A. Crash Tracking Checklist, Form 393.
- B. Crash Statement, Form 394.

ASSOCIATED POLICIES

Policy 710, *Level 3 Use of Force Investigations / Special Investigation Response Team (SIRT)*
Policy 1115, *Use of Force*

RESCISSION

Remove and destroy/recycle General Order I-8, *Departmental Vehicle Accidents*, dated 16 October 2005 and all amendments and General Order I-9, *Fleet Safety* dated 30 September 2005 and all amendments.

COMMUNICATION OF POLICY

This Policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

APPENDIX A**Crash Tracking Checklist, Form 393**Crash Tracking Checklist
Form 393/16**POLICE DEPARTMENT
BALTIMORE, MARYLAND**

Crash Team Tracking Identification#

Central Complaint #

Location of Crash

Date of Crash

Type of Crash

Investigator/Assignment

Seq #

Signature

DOCUMENTATION COMPLETED:

ACRS Report

Motor Vehicle Administration's Driving and Registration Record

Criminal Record (if applicable)

Crash Statement, Form 394

Administrative Report, Form 95

Offense Report (if applicable)

Photographs

Field/Investigator Notes (if applicable)

DWI Forms (if applicable)

Towing Reports, Evidence Slips and Citations (if applicable)

Daily Incident Report, Form 346

(To be completed by the Traffic Unit only)

Field Drawing of Accident Scene/Plat (with Measurements)

Speed from Skid (if applicable)

Medical Examiner's Report

INITIAL

DATE

Scan/Email DAILY INCIDENT REPORT, FORM 346, TO:***CrashTeam@BaltimorePolice.org***

INITIAL

DATE

Supervisor*Printed Name**Seq #/Assignment**Signature***Completed by the Traffic Unit****Fleet Safety***Printed Name**Seq #**Signature***Crash Team
Commanding Officer***Printed Name**Seq #**Signature***ASA***Printed Name**Seq #**Signature*

APPENDIX B**Crash Statement, Form 394**CRASH STATEMENT
Form 394/16POLICE DEPARTMENT
BALTIMORE, MARYLAND

Page _____ of _____		Central Complaint # _____	
Crash Date	Crash Time	Crash Location	Post
CRASH TEAM Arrival Time		Time of Statement	Location of Statement
		CAD # _____	

Involved Dept. Member	<input type="checkbox"/> Operator <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian				Location Seated	Unit Number (From ACRS Report)	Call Number
	Name	Sequence Number	EOD	Badge Number	Telephone Number		
Sex	Race	Height	Weight	Age	DOB	Email Address	Cellular Telephone Number
District/Assignment Address				City/County	State	Zip	Departmental Driving Permit Number
Drivers' License Number		State of Issuance	Class	Restrictions			
Injuries/Type				Medic Unit	Hospital	Seat Belt <input type="checkbox"/> Lap <input type="checkbox"/> Harness <input type="checkbox"/> Lap/Harness <input type="checkbox"/> None <input type="checkbox"/> N/A	
Activity at Time of Crash <input type="checkbox"/> Routine Patrol <input type="checkbox"/> Call for Service <input type="checkbox"/> Other				Operating <input type="checkbox"/> Marked Unit <input type="checkbox"/> Unmarked Unit	Acting as <input type="checkbox"/> Primary Unit <input type="checkbox"/> Back Up <input type="checkbox"/> Other		Utilizing Emergency Equipment <input type="checkbox"/> Lights <input type="checkbox"/> Siren <input type="checkbox"/> Both <input type="checkbox"/> None

Involved Dept. Vehicle	Shop Number	Vehicle Tag	State	Expiration	Make	Year	Model	VIN	Mileage
Registered Owner				Address				Towed By	Towed To

Involved Citizen	<input type="checkbox"/> Operator <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian				Location Seated	Unit Number (From ACRS Report)	
	Name	Address			City/County	State	Zip
Sex	Race	Height	Weight	Age	DOB	Telephone Number	Cellular Telephone Number
Occupation		Employer	Employer Address			City/County	State
Drivers' License Number		State of Issuance	Class	Restrictions			
Injuries/Type				Medic Unit	Hospital	Seat Belt <input type="checkbox"/> Lap <input type="checkbox"/> Harness <input type="checkbox"/> Lap/Harness <input type="checkbox"/> None <input type="checkbox"/> N/A	
Vehicle Tag	State	Expiration	Vehicle Year	Make	Model	VIN	
Registered Owner				Address			
Insurance Company				Insurance Company Telephone		Policy Number	

☐ Member refused voluntary statement.
☐ I hereby make the following voluntary statement without persuasion, coercion or promise of any kind. The following is true to the best of my knowledge.

INVOLVED Member Printed Name	Sequence No.	Assignment	Signature
INVESTIGATING Member Printed Name	Sequence No.	Assignment	Signature
WITNESS Printed Name	Sequence No.	Assignment	Signature

☐ Continued on Reverse

APPENDIX B

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Statement of:	Central Complaint #	CRASH TEAM #	Page of