LOSS PREVENTION PROCEDURE

PURPOSE

To establish a Department-wide, uniform loss prevention program designed to reduce the number of work-related injuries to employees and damage to materials or property due to accidents and vehicle crashes; establish uniform operational plans; and delineate responsibilities for maintaining safe working environments for all employees of the Department.

AUTHORITY

Section 284.50, Florida Statutes, Prescribing Loss Prevention Program
Section 334.048(3) Florida Statutes, the Florida Transportation Code
Section 20.23(3)(a), Florida Statutes
Chapter 440, Florida Statutes, Compensation for Work-Related Injuries

SCOPE

This procedure applies to all employees and facilities of the Department.

LOSS PREVENTION PROGRAM

(1) The Department’s loss prevention program will be implemented through safety procedures and guidelines promulgated by the State Safety Office based upon the requirements set forth by the state and federal agencies having such authority and jurisdiction.

(2) The Department’s facilities will be planned with the intent of providing each employee a place of employment free from recognized hazards. This commitment requires that safety be considered in all phases of operations, including but not limited to, any plans involving the development or installation of new equipment or facilities or any changes in the location and use of present equipment and facilities.
(3) The State Safety Office shall provide the leadership and training necessary to develop implementation strategies and policies to promote safety awareness, hazard recognition and correction, and reporting within the Department.

(4) Supervisors shall be held accountable for maintaining a safe work environment and for ensuring that employees perform their work in a safe manner.

(5) Employees are responsible for performing their work in a safe manner, and for following established procedures and safe work practices.

(6) Employees shall be provided initial indoctrination and the necessary training to enable them to perform their assigned tasks in a safe manner.

(7) No employee will be harassed for exercising their responsibility for reporting hazardous conditions.

REFERENCES:

Governor's Executive Order No. 2000-292
Section 1

RESPONSIBILITIES

1.1 DEPARTMENT

The Department shall furnish a work environment that is safe for its employees and shall adopt measures reasonable and necessary to protect the life, health, and safety of its employees.

1.2 DISTRICT SECRETARIES AND ASSISTANT SECRETARIES

Each District Secretary and Assistant Secretary shall establish a loss prevention program plan that includes, at a minimum, the program plan elements specified in Section 2 of this procedure.

1.3 UNIT MANAGERS/office heads

1.3.1 A Unit Manager/Office Head is an individual who has direction and control over one or more cost centers.

1.3.2 Each Unit Manager/Office Head is responsible for enforcing all safety rules and regulations and for implementing the loss prevention program plan developed in accordance with Section 2 of this procedure.

1.3.3 Unit Managers/Office Heads responsible for promulgating procedures shall ensure that such procedures address safety-related issues and responsibilities in compliance with applicable federal, state and other regulations and industry standards.

1.3.4 The Unit Manager/Office Head may designate and assign specific safety responsibilities to an employee in implementing the requirements of this procedure.

1.4 IMMEDIATE SUPERVISORS

1.4.1 The immediate supervisor is an individual who has direction and control over the work activity of one or more employees.

1.4.2 The immediate supervisor in charge of any work activity is responsible for ensuring that a safe work environment is maintained.
and safe work practices are followed. No employee will be required to do a job using unsafe equipment or that violates safe work practices.

1.4.3 The immediate supervisor shall ensure that all responsible personnel perform required safety inspections.

1.5 EMPLOYEES

1.5.1 It is the responsibility of each employee to comply with established policies, procedures and safe work practices.

1.5.2 Employees shall immediately report to their immediate supervisors any unsafe work practices or unsafe conditions, either orally or in writing, such as:

(A) Unsafe condition(s) of motor vehicles, equipment, facilities, shops or property owned, leased or operated by the Department where conditions may jeopardize the safety of the employee, other employees, or the public.

(B) Any practice or operation being carried on by the Department which may jeopardize the safety of the employee, other employees, or the public.

(C) Any practice or operation being carried on by non-Department employees that may jeopardize the safety of Department employees while performing their assigned work.

1.5.3 Employees shall report any work-related accident resulting in personal injury or illness, including any crash or incident involving a Department vehicle, to their immediate supervisors or other employees designated by the Unit Manager/Office Head the same day/night of occurrence.

1.5.4 Employees who report unsafe acts or conditions to their immediate supervisors shall not be harassed for fulfilling their reporting responsibilities.

1.6 STATE SAFETY OFFICE

1.6.1 The State Safety Office shall establish procedures, standards, and training concerning the Loss Prevention Program, in accordance with Section 20.23 (3)(a), Florida Statutes.
1.6.2 The State Safety Office shall review procedures promulgated by other Department offices to ensure that safety-related issues and responsibilities have been addressed in a manner in compliance with applicable federal, state and other regulations and industry standards, and to ensure compatibility with the provisions of this procedure.

1.6.3 The State Safety Office shall be responsible for the development and distribution of a *Safe Work Practices and Compliance Standards Handbook* (Handbook). The Handbook provides information on safe work practices that must be observed by employees in performing their duties. Updates to the Handbook will be issued by the State Safety Office as needed. The State Safety Office will provide training on information in the Handbook, when appropriate.

1.6.4 Copies of the Handbook may be obtained from the Maps and Publications Office at no cost to Department employees.

1.6.5 The State Safety Office may conduct periodic quality assurance reviews to assess the progress of the Loss Prevention Program Plan(s) towards the achievement of the desired goals and/or objectives. Results of the review shall be furnished to the Unit Manager/Office Head.

1.6.6 The State Safety Office shall provide technical assistance and training to the Districts and Central Office in developing and implementing their plans.
Section 2

LOSS PREVENTION PROGRAM PLAN

2.1 PLAN REQUIREMENTS

Each District Secretary and Assistant Secretary shall maintain a loss prevention program plan designed to enhance safety and health in the work environment, to control the occurrence of work-related accidents and to minimize injuries and losses. At a minimum, the loss prevention program plan must include the following:

2.1.1 Statement of Goals

The plan must set achievable goals in the areas of prevention, reduction and control of work-related accidents; property damage (including fire and explosion); exposures to chemicals, materials or hazards in operating methods and practices; and recognition and elimination of hazards through safety awareness, training and education.

2.1.2 Assignment of Responsibilities

The primary responsibility for the development and implementation of the plan must be assigned to a specific individual or working group. Safety must be given the same consideration as any other management responsibility.

2.1.3 Collection, Reporting and Analysis of Data

The plan must describe methods for collecting accident and injury information and property loss data, when applicable. Additionally, the plan must describe how the data will be utilized in program planning and in assessing attainment of goals.

2.1.4 Implementation Strategies

2.1.4.1 The plan must have provisions for ensuring that work practices and standards are followed by the employees in accordance with the Department’s Safe Work Practices and Compliance Standards Handbook, and requirements found in the Mobile Equipment Manual, Topic No. 400-000-001.
2.1.4.2 The plan must consider physical, behavioral and managerial approaches, including job safety analysis, to achieve program plan goals.

2.1.4.3 The plan must provide for the establishment of a Safety Committee that actively involves all levels of employees to assist in identifying or recommending measures to improve the program. See Chapter 1 of the Safe Work Practices and Compliance Standards Handbook for details.

2.1.4.4 The plan must establish timetables for implementation of identified program areas.

2.1.4.5 The plan must include provisions for monitoring and making assessments of its progress toward the achievement of goals and/or objectives.

2.1.4.6 The plan may be modified or revised as needed. The State Safety Office shall be furnished a copy of the plan and its revisions, if any.
Section 3

TRAINING AND EDUCATION

3.1 TRAINING AND EDUCATION GOALS

Safety education and training programs have been established to motivate and train employees in recognition, avoidance and prevention of unsafe acts and unsafe conditions while performing assigned tasks.

3.2 SAFETY ORIENTATION

All newly hired employees shall be given a safety orientation to make them aware of the importance of safety and their responsibility for maintaining a safe work environment. This orientation shall be conducted by appropriate safety personnel within thirty (30) working days of employment.

3.3 SAFETY INDOCTRINATION

3.3.1 All newly hired, reassigned or promoted employees shall be given a safety indoctrination to ensure complete understanding of their job functions and the Department’s safety policies and procedures including job-specific safety instructions. Indoctrination shall be conducted by the employee’s immediate supervisor within five (5) working days of employment, reassignment, or promotion.

3.3.1.1 Indoctrination will not be required when an employee is reassigned or promoted to a position where he or she has undergone indoctrination while in the previous position.

3.3.2 *Form 500-000-16, Safety Indoctrination* must be completed and signed by the employee, with a copy placed in the employee’s personnel file at the unit where the employee is assigned.

3.4 TRAINING

The Unit Manager/Office Head shall ensure that safety training is provided to all employees for specific tasks or operations described in the Department’s *Safe Work Practices and Compliance Standards Handbook*. All safety training shall be documented in *TRESS Report, Form 250-050-11*. 
3.5 **FORMS**

Form 500-000-16, Safety Indoctrination, is available from the Department's Forms Library.

Form 250-050-11, TRESS Report, is available from the Department's Forms Library.
Section 4

ACCIDENT REPORTING AND INVESTIGATION

4.1 REPORTING OF ACCIDENTS

All accidents that result in personal injury, illness, or property damage shall be reported and investigated, regardless of the extent of injury, illness, or property damage.

4.2 REPORTING OF FATALITIES

4.2.1 Any accident that results in a fatality to any Department employee shall be reported by the employee's immediate supervisor to the Unit Manager or his/her designee and to the Unit/Central Office Personnel Office immediately. (See Guidelines for Casualty Assistance/ Emergency Notification, Topic No. 250-000-020.)

4.2.2 Any incident which results in a fatality on facilities or properties owned, leased, or regulated by the Department must be reported to the Office of the Inspector General (OIG) by telephone at (850) 410-5800 or facsimile at Suncom 210-5800 at the earliest opportunity, but not later than one (1) working day of knowledge of the fatality, by each Assistant Secretary, District Secretary, Director of Tolls or their respective designees. All FDOT employees are responsible to immediately notify management of such fatalities.

(A) Facilities or properties owned or leased shall include, but are not limited to: office buildings, maintenance yards, bridges, roadways, construction sites or rest facilities.

(B) Facilities regulated shall include, but are not limited to, public transit systems, airports, and railways.

4.2.3 Within one (1) working day of notification, the Inspector General shall determine the necessary level of OIG involvement and will assign Department staff to monitor accident investigations or conduct independent inquiries as deemed appropriate.

4.2.4 The Inspector General shall report the status and results of the investigation or inquiry directly to the Secretary.
4.3 INVESTIGATION OF ACCIDENTS

4.3.1 The purpose of an accident investigation is to gather information and record facts about the accident that caused the injury, illness, or property damage and to prevent similar accidents in the future.

4.3.2 The investigation should:

(A) Identify the primary cause(s) and/or contributing factors leading to the accident;

(B) Determine what, if any, work practices, or procedures are involved in the accident;

(C) Determine what corrective actions can be taken to prevent similar occurrences;

(D) Gather all related information needed to answer the question of what happened to whom, when and where;

(E) Identify person(s) involved in the accident and person(s) who witnessed its occurrence; and

(F) Include an interview of each witness, if possible, who might provide information on the underlying cause(s) of the accident.

4.4 INFORMATION GATHERING

4.4.1 The primary responsibility for conducting the investigation and gathering needed information about the accident rests with the immediate supervisor of the employee involved in the accident or with any other employee designated by the Unit Manager/Office Head for this purpose.

4.4.2 The investigation of the accident should be initiated as soon as possible, but no later than 48 hours following the occurrence. The required reports, Form 500-000-18, Injury/Illness Report and Form 500-000-15, Vehicle Crash/Incident Report, should be completed within seven (7) working days of the occurrence.

4.4.3 All information gathered from the investigation shall be recorded on the required report form. The report will provide findings regarding the accident to the Unit Manager/Office Head and provide a written record of the interim action(s) or corrective action(s) being taken to
prevent similar occurrence(s).

4.5 REVIEW OF INJURY/ILLNESS AND VEHICLE CRASH/INCIDENT OCCURRENCES

4.5.1 The Unit Manager/Office Head may designate a group of employees to review injury/illness and crash/incident occurrences for the purpose of:

4.5.2 Evaluating the interim action(s) or corrective action(s) taken to prevent similar occurrences; and

4.5.3 Recommending permanent action(s) to eliminate or reduce the risk of recurrence.

4.6 FLOWCHART

See Attachment 1 for a flow chart on reporting accidents.
Section 5

PERSONAL INJURY/ILLNESS REPORTING

5.1 RESPONSIBILITIES

5.1.1 The employee who is injured or becomes ill as a result of a work-related accident shall report the accident to his/her immediate supervisor or designee the same day/night of the incident.

5.1.2 The immediate supervisor shall:

(A) Ensure that the employee is provided first aid or medical treatment, as needed, in accordance with Procedure 250-032-001, Worker's Compensation. Universal Precautions must be observed as described in the Bloodborne Pathogens Exposure Control Plan, Chapter 8, Section 6 of the Safe Work Practices and Compliance Standards Handbook.

(B) Call the workers' compensation carrier, Protegrity at 1-800-424-6689 who will give instructions on where the injured employee should go for medical treatment.

(C) As soon as the needs of the injured or ill employee are taken care of, conduct an investigation of the accident, and fill out Sections A, B, C, and D (1) of the Injury/Illness Report, Form 500-000-18. The report should be completed within seven (7) working days of the occurrence. The employee must sign Section B of the form.

(D) Forward the report to the Unit's Safety and Health Specialist/ designated safety person, if one is so assigned, within five (5) working days of completion of the report. Otherwise, the report shall be forwarded to the Unit Manager/Office Head.

5.1.3 The unit's Safety and Health Specialist/ designated safety person, if one is so assigned, shall:

(A) Provide assistance, if needed, in investigating the accident.

(B) Fill out Section D (2) of the Injury/ Illness Report (Form 500-000-18), indicating recommendations or corrective action(s).

(C) Forward the report to the Unit Manager/ Office Head within five (5) working days of receipt of the report from the immediate supervisor.
5.1.4  The Unit Manager/Office Head shall:

(A)  Review the report and complete *Section D (3) of Form 500-000-18* indicating the corrective action(s) to be taken. At his/her option forward the report to the District Secretary/Assistant Secretary or his/her designee within ten (10) working days of receipt of the report for an executive review on the corrective action(s) taken.

(B)  After the review by the District Secretary or Assistant Secretary and/or completion of the report, forward the report to the immediate supervisor within five (5) working days for implementation of corrective action(s).

(C)  Forward a copy of the completed report to District Safety and Health Manager within five (5) working days.

(D)  Furnish a copy of the completed report to the State Safety Office in Tallahassee within five (5) working days.

5.1.5  The District Safety and Health Manager shall:

(A)  Provide assistance, if needed, in implementing the preventive or corrective action(s).

(B)  Review all reports and provide, when appropriate, recommendations to the Unit Manager/Office Head on how to prevent similar occurrences.

5.2  INJURY/ILLNESS REPORT DISTRIBUTION

A copy shall be sent to the State Safety Office, Industrial Safety, M.S. 53, Tallahassee.

5.3  FORM

Form 500-000-18, Injury/Illness Report, is available from the Department’s Forms Library.
All crashes and incidents involving Department motor vehicles, heavy equipment, motorized off-road equipment, watercraft and aircraft or leased or rented vehicles shall be reported.

6.1 DEFINITIONS

6.1.1 Vehicle Crashes - Incidents involving at least one motor vehicle which result in a fatality, injury, or property damage while said vehicle is in operation on a traffic way. Traffic way is any vehicular thoroughfare open to the public, including parking lots. Vehicle crashes also include:

(A) Crashes involving off-road motorized equipment being operated on a traffic way.

(B) Crashes involving a privately owned vehicle, or a leased or rented vehicle used by a Department employee on official business.

(C) All backing incidents involving vehicles normally operated on the traffic way.

6.1.2 Vehicle Incidents - Incidents involving:

(A) Damage to off-road motorized equipment not being operated on or adjacent to the traffic way.

(B) Damage to windshields, windows, signal lights, headlights or taillights caused by tools, branches, debris, or similar objects.

(C) Any damage caused by unsecured items falling out of vehicles.

(D) Any damage caused by objects thrown during mowing operations.

(E) Any damage to vehicles being operated off-road.

6.2 VEHICLE CRASH

6.2.1 In the event of a vehicle crash, the Driver shall:
(A) Make every effort to have the vehicle moved out of the normal flow of traffic unless the crash results in death or personal injury or extensive damage to the vehicle so that it cannot be moved. Under these conditions, the vehicle shall not be moved unless directed by the police or other authority.

(B) Notify his/her immediate supervisor or other employee designated by the Unit Manager/Office Head the same day/night of the occurrence. Follow the instructions found in page 9 of the Vehicle Crash/Incident Report, Form 500-000-15.

(C) Fill out Sections A, B, C, D and E of the Vehicle Crash/Incident Report, Form 500-000-15 and submit the report to his/her immediate supervisor no later than one (1) working day following the crash.

6.2.2 The immediate Supervisor shall:

(A) Review the report and ensure that the driver's account and details of the crash are recorded. Conduct an investigation of the crash and fill out Sections F and G (1) of the report. Attach all relevant information including a police report, if available. The report should be completed within seven (7) working days of the occurrence.

(B) Upon receipt of the vehicle crash report from the driver, notify the State Department of Insurance at (850) 413-3122 or SC 292-3122 within one (1) working day of the occurrence.

(C) Forward the report to the Safety and Health Specialist/designated safety person, if one is so assigned, within five (5) working days after completion of the report. Otherwise, forward the report to the Unit Manager/Office Head.

(D) If the vehicle crash results in an injury to the driver or other Department employee(s), fill out Injury/Illness Report, Form 500-000-18 as required in Section 5 of this Procedure.

(E) Ensure that a new Vehicle Crash/Incident Report, Form 500-000-15 is given to the driver to replace those forms used.

(F) Forward a copy of the report to the maintenance shop when the vehicle requires repairs.

6.2.3 The Unit Safety and Health Specialist/designated safety person, if one is so assigned, shall:
(A) Assist the immediate supervisor, if needed, in conducting investigations and completing reports.

(B) Ensure that the driver and the immediate supervisor have filled out the appropriate sections of the Vehicle Crash/Incident Report, Form 500-000-15, and that copies of all relevant documents are attached.

(C) Fill out Section G(2) of the report, including comments and recommendations.

(D) Submit the report to Unit Manager/Office Head within five (5) working days of receipt of report from the immediate Supervisor.

6.2.4 The Unit Manager/Office Head shall:

(A) Review the report and fill out Section G(3) with comments on preventative and corrective action(s) to be taken. At his/her option forward the report to the District Secretary/Assistant Secretary or his/her designee within ten (10) working days of receipt of the report for an executive review on the corrective action(s) taken.

(B) After the review by the District Secretary or Assistant Secretary and/or completion of the report, forward the report to the immediate supervisor within five (5) working days for implementation of the corrective actions(s).

(C) Forward a copy of the completed report to the District Safety and Health Manager within five (5) working days.

(D) Furnish a copy of the report to the State Safety Office in Tallahassee within five (5) working days of completion.

6.2.5 The District Safety and Health Manager shall:

(A) Provide assistance, if needed, in implementing preventive or corrective action(s).

(B) Review reports and provides, when appropriate, recommendations to the Unit Manager/Office Head on how to prevent similar occurrences.

6.3 VEHICLE INCIDENT

6.3.1 In the event of a vehicle incident, the Driver shall:

Contact immediate supervisor or other employee designated by the
Unit Manager/Office Head to report the vehicle incident the same day/night of the incident.

(A) Fill out Sections A, B, C, D, and E of the Vehicle Crash/Incident Report, Form 500-000-15 and submit report to his/her supervisor no later than one (1) working day following the incident.

6.3.2 The immediate Supervisor shall:

(A) Conduct an investigation of the incident and fill out Sections F and G(1) of the Vehicle Crash/Incident Report, Form 500-000-15 including recommendations for corrective action to prevent similar incidents. The report should be completed within seven (7) working days of the occurrence.

(B) Forward the report to Safety and Health Specialist/designated safety person, if one is so assigned, no later than five (5) working days after completion of the report Otherwise, forward the report to the Unit Manager/Office Head.

(C) Forward a copy of the report to the maintenance shop when the vehicle requires repairs.

6.3.3 The Unit Safety and Health Specialist/designated safety person, if one is so assigned, shall:

(A) Review report and fill out Section G (2) with comments and recommendations for corrective action to the Unit Manager/Office Head within five (5) working days of receipt of the report.

(B) Assist the immediate supervisor, if needed, in conducting investigations and completing reports.

6.3.4 The Unit Manager/Office Head shall:

(A) Review the report and fill out Section G(3) with comments regarding corrective actions to be taken. At his/her option forward the report to the District Secretary/Assistant Secretary or his/her designee, within ten (10) working days of receipt, for an executive review on corrective action(s) taken.

(B) After the review by the District Secretary or Assistant Secretary and/or completion of the report, forward the report to the immediate supervisor within five (5) working days for implementation of the corrective action(s).
(D) Forward a copy of the report to the District Safety and Health Manager within five (5) working days.

(D) Furnish a copy of the report to the State Safety Office in Tallahassee within five (5) working days.

6.3.5 The District Safety and Health Manager shall:

(A) Provide assistance, if needed, in implementing the preventive or corrective action(s).

(B) Review reports and provide recommendations to the Unit Manager/Office Head on how to reduce recurrence of incidents.

6.4 VEHICLE CRASH/INCIDENT REPORT DISTRIBUTION

Responsibility for distribution of completed reports may be assigned by the individual District/Office to either the District Safety and Health Manager, Safety and Health Specialist or designated safety person. Copies are to be distributed as follows:

(A) One copy to the State Safety Office, Industrial Safety, M.S. 53, Tallahassee, FL 32399-0450.

(B) One copy to Office of General Counsel, M.S. 58, Tallahassee, FL 32399-0450.

(C) One copy to the Division of Risk Management, Department of Insurance, 200 East Gaines St., Tallahassee, FL 32399-0337.

(D) One copy to the maintenance shop having jurisdiction of the vehicle.

6.5 FORMS

Form 500-000-15, Vehicle Crash/Incident Report, is available from the Department's forms library.
VEHICLE CRASH/INCIDENT REPORT
FORM 500-000-15

1 WORKING DAY AFTER OCCURRENCE

DRIVER

IMMEDIATE SUPERVISOR

UNIT MANAGER/ OFFICE HEAD

UNIT FILES
DISTRICT SAFETY MANAGER
STATE SAFETY OFFICE

REPORT ALL VEHICLE CRASHES TO DEPT. OF INSURANCE 850 922-3122

7 DAYS TO COMPLETE REPORT
5 DAYS TO FORWARD REPORT

5 DAYS TO COMPLETE REPORT

5 DAYS TO COMPLETE DISTRIBUTION

DISTRICT SECRETARY/ ASSISTANT SECRETARY

S & H SPECIALIST/ DESIGNATED SAFETY PERSON

10 DAYS TO COMPLETE REPORT

5 DAYS TO COMPLETE DISTRIBUTION
## SECTION A - VEHICLE CRASH/INCIDENT OCCURRENCE

1) **Report Type**
   - Crash
   - Incident

2) **Date Occurred**
   - M M / D D / Y Y Y Y

3) **Time**
   - H H
   - M M
   - AM/PM

4) **County**
   - (See Code)

5) **Location**

## SECTION B - DRIVER/VEHICLE INFORMATION (DOT Vehicle One)

1) **Driver's Name**
   - ____________________________
   - ____________________________  
   - ____________________________

2) **District/Central Office Code**

3) **Unit (Cost Center Code)**

4) **D.O.B.**
   - M M / D D / Y Y Y Y

5) **SEX**
   - ☐ M
   - ☐ F

6) **Driver's License Number**

7) **Type of Vehicle/Equipment**
   - (See Code)

8) **Year**

9) **DOT Tag Number**

10) **Seat Belts**
    - ☐ In Use
    - ☐ Not in Use
    - ☐ N/A

11) **Damage Description**

12) **Damage Estimate**
    - $

13) **Down Time (Days Lost)**

14) **Was Driver authorized to operate this vehicle**
    - ☐ Yes
    - ☐ No

15) **Was Driver Injured?**
    - ☐ Yes
    - ☐ No

16) **Date Injury Reported**
    - M M / D D / Y Y Y Y

## SECTION C - DRIVER'S DESCRIPTION OF CRASH/INCIDENT

1) **Crash/Incident Description**

2) **Law Enforcement Investigation**
   - ☐ Yes
   - ☐ No

3) **If yes, specify investigating agency and case number**

4) **(Driver Signature)**
SECTION D - OTHER DRIVER/VEHICLE INFORMATION (Vehicle Two)

1) Other Driver's Name

Last ____________________________________________ First ___________________________ M.I. ___________________________

2) Address

3) City ____________________________________________ 4) State _______ 5) Zip ___________________________

6) Phone ___________________________

7) Driver's License

Number ____________________________________________ 8) Issuing State _______ 

9) Owner's Name

Last ____________________________________________ First ___________________________ M.I. ___________________________

10) Address

11) City ____________________________________________ 12) State _______ 13) Zip ___________________________

14) Phone ___________________________

15) Insurance Company

16) Policy Number ____________________________________________

17) Vehicle Damage


18) Damage Estimate $ ___________________________

SECTION E - WITNESS AND OTHER PROPERTY DAMAGE

1) Witness (NAME)

Last ____________________________________________ First ___________________________ M.I. ___________________________

2) Address

3) City ____________________________________________ 4) State _______ 5) Zip ___________________________

6) Other Property Damage


7) Owner's Name

Last ____________________________________________

_________________________ ___________________________ M.I. ___________________________
SECTION F - CRASH/INCIDENT INFORMATION (The following fields are REQUIRED)

1) Crash/Incident Type (See Code)  
2) Crash/Incident Description (See Code)  

3) Crash/Incident Cause (DOT) (See Code)  

4) Crash/Incident Cause (Other Driver)  

5) Contributing Factors (DOT) (See Code)  

6) Contributing Factors (Other Driver) (See Code)  

7) Task at Time of Accident (See Code)  

If code 99 entered, please specify

SECTION G - COMMENTS AND RECOMMENDATIONS

1) Supervisor  
   A)  

   Last  

   First  

   M.I.  

B) Phone  

C) Comments and Recommendations  

D) Date  

   M M / D D / Y Y Y Y  

E)  

   (Supervisor Signature)
SECTION G - COMMENTS AND RECOMMENDATIONS (Continued)

2) Safety Specialist / Designated Safety Person
A) ____________________________________________  Last  ________________________________  First  ________________________________  M.I.  
B) Phone  __________________________________________________________
C) Comments and Recommendations

D) Date  ________________________________  E)  ________________  M. M. / D. D. / Y. Y. Y. Y.  
Signature

3) Unit Manager/Office Head
A) ____________________________________________  Last  ________________________________  First  ________________________________  M.I.  
B) Comments and Recommendations

D) Date  ________________________________  E)  ________________  M. M. / D. D. / Y. Y. Y. Y.  
Signature

4) District Secretary/Assistant Secretary/or designee  (This part is optional.)
A) ____________________________________________  Last  ________________________________  First  ________________________________  M.I.  
B) Comments and Recommendations

D) Date  ________________________________  E)  ________________  M. M. / D. D. / Y. Y. Y. Y.  
Signature

SECTION H - CONTACT PERSON

1) Name
__________________________________________  Last
__________________________________________  First  ________________________________  M.I.

2) Telephone No.  ________________________________
INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM 500-000-15

Definitions

Vehicle Crash:
Any accident involving a fleet motor vehicle which results in a fatality, injury, or property damage while said vehicle is in operation on a traffic way as a motor vehicle.
(a) Traffic way is defined as any vehicular thoroughfare open to the public. Vehicle crashes also include the following:
(b) Accidents involving off-road equipment being operated on a traffic way as a motor vehicle at the time of the accident.
(c) Accidents involving a privately-owned vehicle (POV) or leased vehicle resulting in damage or injury while in use for official business.
(d) All backing accidents involving vehicles normally operated on the traffic way.

Vehicle Incident:
Any motor vehicle accident involving:
(a) Damage to off-the-road equipment not operated on or immediately adjacent to the traffic way.
(b) Damage to windscreens, windows, signal lights, headlights or taillights caused by tools, branches, debris, or other similar objects.
(c) Any damage caused by unsecured items falling out of vehicles.
(d) Any damage to privately-owned vehicles caused by objects thrown during mowing operations.
(e) Damage to any vehicle normally operated on the traffic way being operated off-road.

Section A: This section is for reference information regarding the time and location of the accident.
1. Select "Crash" if it is a crash report, "Incident" if it is an incident report. Refer to definitions provided.
2. Date Occurred - The month, day, and year of the crash/incident.
3. Time - The approximate time of the accident. Indicate AM or PM accordingly.
4. County - The county in which the accident occurred. Enter code from list provided.
5. Location - The specific location in which the accident occurred. Indicate street names, state road or highway numbers and intersections, as applicable.

Section B: Information on DOT driver and vehicle involved in the crash or incident. (NOTE: This Section will be completed for any personal, leased or rented vehicle used for official DOT business. If more than one DOT driver is involved, each driver must complete a separate copy of the first page of this report.)
1. Driver's Name - Last name, first name, and middle initial of the DOT driver.
2. District/Central Office Code - District/Central Office in which the driver is assigned. Enter the corresponding district/central office code.
3. Unit - Unit or facility where driver is assigned. Enter the Unit's corresponding 3-digit cost center code.
4. D.O.B. - The driver's birth date, month, day and year.
5. Sex - Select "M" for male, "F" for female.
6. Driver's License Number - The driver's Florida driver license number.
7. Type of Vehicle/Equipment - Enter the code number corresponding to the vehicle/equipment type.
8. Year - The year the driver's vehicle/equipment was made.
9. DOT Tag Number - The Department of Transportation license tag number of the driver's vehicle. If not a fleet vehicle, enter private or rental tag number.
10. Seat Belts - Select "In Use" if a seat belt was in use at the time of the crash/incident, "Not in Use" if a seat belt was not used, "N/A, if not applicable.
11. Damage Description - Describe the specific type of damage to the driver's vehicle resulting from the crash/incident.
12. Damage Estimate - Provide an estimated dollar amount of the cost of repairing the driver's damaged vehicle.
13. Down Time (Days Lost) - Estimated time that vehicle will be out of service.
14. Was Driver Authorized to Operate this Vehicle - Select "Yes" if driver is authorized, "No" if driver is not authorized.
15. Was Driver Injured? Select "Yes" if driver was injured as a result of the crash/incident, "No" if driver was not injured.
16. Date Injury Reported - If "Yes" is selected in item 15, indicate the month, day, and year injury was reported.

Section C: Driver's Description of Crash or Incident.
1. Crash/Incident Description - This is the DOT driver's description of how, when, where, what and why the crash/incident occurred.
2. Law Enforcement Investigation - Select "Yes" if a law enforcement agency investigated, "No" if law enforcement agency did not.
3. If yes, specify investigating agency and the case number.
4. Signature - Signature of driver.

Section D: This section is for information related to the driver of a privately-owned vehicle which is involved in the crash or incident. (NOTE: If more than one privately owned vehicle is involved complete a separate copy of the second page of this form as necessary to record the required information.)
1. Other Driver's Name - Last name, First and middle initial of the (second) driver.
2. Address - The mailing address (number, street, PO Box, etc.) of the driver.
3-5. City/State/Zip Code - City, State and Zip Code of driver's mailing address.
6. Phone - Home telephone number of driver.
7. Driver's License Number - The driver's license number.
8. Issuing State - State in which the driver's license was issued. Enter two letter standard abbreviation.
9. Owner's Name - Name of the owner of the (second) vehicle involved in the crash/incident.
10. Address - Address of the owner of the (second) vehicle involved in the crash/incident.
11-13. City/State/Zip Code - of the vehicle owner (if different from driver's).
14. Phone - Home phone number of the owner (if different from driver's).
15. Insurance Company - Name of the driver's insurance company.
16. Policy Number - Vehicle insurance policy number.
17. Vehicle Damage - Describe the damage to the second vehicle caused by the crash/incident.
18. Damage Estimate- Provide an estimated dollar amount of the cost of repairs for second vehicle.
Section E: This section is for information provided by the driver of the DOT vehicle.
1. Witnesses - Full name(s) of witness(es) to the crash/incident.
2-5. Address - Mailing address, city, state and zip code of witness(es).
6. Other property damage - Describe damage to property resulting from the crash/incident.
7. Owner's name - The name of the owner of any property damaged in the crash/incident.

Section F: The following five fields are required information for the report. Use reporting codes in this report.
1. Crash/Incident Type - Classify as (01) vehicle crash or (02) vehicle incident, according to the definitions.
2. Crash/Incident Description - Enter the corresponding code that describes the crash/incident.
3. Crash/Incident Cause - Enter the corresponding code that describes the cause of the crash/incident for vehicle 1.
4. Crash/Incident Cause - Enter the corresponding code that describes the cause of the crash/incident for vehicle 2.
5. Contributing Factors - Enter the corresponding code that describes the contributing factors of the crash/incident for vehicle 1.
6. Contributing Factors - Enter the corresponding code that describes the contributing factors of the crash/incident for vehicle 2.
7. Task at the Time of Crash/Incident - Enter the corresponding code for the DOT driver's task at the time of the crash/incident.

SECTION G - This section is provided for comments and signatures of reviewers.
1. Supervisor -
   A. Name - Name of immediate Supervisor.
   B. Phone - Supervisor's telephone number.
   C. Comments and recommendations - Supervisor's comments and recommendations for corrective or preventive action to prevent similar occurrences.
   D. Date - The month, day, and year that the Supervisor is writing his/her comments.
   E. Signature - Supervisor's signature.

2. Safety Specialist/Designated safety person -
   A. Name - Name of the Safety Specialist/designated safety person.
   B. Phone - Safety Specialist/designated safety person's telephone number.
   C. Comments and Recommendations - Safety Specialist/designated safety person's comments and recommendations for corrective or preventive action to prevent similar occurrences.
   D. Date - The month, day and year that the Safety Specialist/designated safety person is writing his/her comments.
   E. Signature - Safety Specialist/designated safety person's signature.

3. Unit Manager /Office Head-
   A. Name - Name of Unit Manager/Office Head
   B. Comments and Recommendations - Unit Manager/Office Head's comments and recommendations for corrective or preventive action.
   C. Chargeable - Select "Yes" if the DOT driver violated any rules or procedures, "No" if the driver did not.
   D. Date - The month, day and year that the Unit Manager/Office Head is writing their comments.
   E. Signature - Signature of the Unit Manager/Office Head.

4. District Secretary/Assistant Secretary/or designee. Comments on corrective or preventive action taken. (This part is optional. This part needs to be completed only if the District Secretary/Assistant Secretary/or designee reviews the report.)

SECTION H: Contact Person
1-2. Name and telephone number of contact person for this report.

Form Distribution
One Copy to:
State Safety Office, Industrial Safety, MS 53, Tallahassee, FL 32399-0450
Office of General Counsel, MS 58, Tallahassee, FL 32399-0450
Department of Insurance, Division of Risk Management, State Liability Claims, 200 E. Gaines St., Tallahassee, FL 32399-0337
DOT Maintenance Shop having jurisdiction of the vehicle.
### REPORTING CODES

#### COUNTY CODES

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#### VEHICLE/EQUIPMENT TYPE

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<td>Van</td>
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<td>Pickup</td>
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<td>Crew Cab</td>
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<td>Dump Truck</td>
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#### DISTRICT/CENTRAL OFFICE

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<td>District 2 (Lake City)</td>
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<td>03</td>
<td>District 3 (Chipley)</td>
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<td>04</td>
<td>District 4 (Ft. Lauderdale)</td>
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<td>District 5 (Deland)</td>
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<td>District 6 (Miami)</td>
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<td>District 7 (Tampa)</td>
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<td>Turnpike District</td>
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<td>Central Office-Finance and Administration</td>
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<td>All Others</td>
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<td>11</td>
<td>Materials Office</td>
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<td>Central Office- Operations</td>
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<td>Motor Carrier Compliance Office</td>
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#### CRASH/INCIDENT TYPE

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#### CRASH/INCIDENT DESCRIPTION

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<td>Struck pedestrian</td>
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<td>02</td>
<td>Struck object</td>
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<td>Struck on with vehicle</td>
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<tr>
<td>04</td>
<td>Hit other vehicle (front)</td>
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<tr>
<td>05</td>
<td>Hit other vehicle (side)</td>
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<tr>
<td>06</td>
<td>Hit other vehicle (rear)</td>
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<tr>
<td>07</td>
<td>Backed into an object or vehicle or pedestrian</td>
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<tr>
<td>08</td>
<td>Hit by other vehicle (front)</td>
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<tr>
<td>09</td>
<td>Hit by other vehicle (side)</td>
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<tr>
<td>10</td>
<td>Hit by other vehicle (rear)</td>
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<tr>
<td>11</td>
<td>Backed into by other vehicle</td>
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<tr>
<td>12</td>
<td>Vehicle rolled over</td>
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<tr>
<td>13</td>
<td>Struck by object released from other vehicle</td>
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<td>14</td>
<td>Struck by object</td>
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<td>Mower/vehicle threw an object causing damage</td>
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<td>Non-contact accident</td>
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<td>Natural phenomena</td>
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<td>18</td>
<td>Damaged by vandalism</td>
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<td>19</td>
<td>Equipment damage</td>
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#### CRASH/INCIDENT CAUSE

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<td>Exceeding speed limit</td>
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<td>Failure to yield right of way</td>
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<td>Following too close</td>
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<td>Improper start</td>
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<td>Improper parking</td>
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<td>Improper lane usage</td>
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<td>Traveling on wrong side or wrong way</td>
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<td>12</td>
<td>Ran red light</td>
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<td>13</td>
<td>Ran stop sign</td>
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<td>14</td>
<td>Disregarded other traffic control</td>
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<td>15</td>
<td>Faulty equipment</td>
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<td>16</td>
<td>Failed to signal</td>
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<td>Too slow without warning device</td>
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<td>Improper backing</td>
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<td>Proper guards not in use</td>
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<td>Not allowing enough clearance</td>
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<td>Failure to have vehicle under control</td>
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#### CONTRIBUTING FACTORS

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<td>Defective wheels/tires</td>
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#### TASK AT TIME OF CRASH/INCIDENT

#### PAVEMENT MAINTENANCE

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<td>Asphalt repair - mechanical</td>
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<td>414</td>
<td>Base repair</td>
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<td>421</td>
<td>Pressure grouting</td>
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<tr>
<td>423</td>
<td>Concrete pavement joint repair</td>
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<td>424</td>
<td>Concrete slope pavement joint repair</td>
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<td>Concrete pavement surface repair</td>
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<td>431</td>
<td>Motor grader operation</td>
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<td>432</td>
<td>Repairing non-paved shoulders, front</td>
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<td>433</td>
<td>Slopes, and roadside ditches - manual</td>
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<tr>
<td>435</td>
<td>Sodding</td>
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<td>436</td>
<td>Seeding, fertilizing and mulching</td>
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<td>Reworking non-paved shoulders, front</td>
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<td>456</td>
<td>Repair or replace storm drains, side</td>
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<td>457</td>
<td>Concrete repair</td>
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<td>Concrete sidewalk repair</td>
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<td>461</td>
<td>Roadside ditches - clean, reshape</td>
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<td>464</td>
<td>Outfall ditches - clean, repair</td>
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<td>465</td>
<td>Mitigation area maintenance</td>
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VEGETATION AND AESTHETIC
471 large machine mowing
482 slope mowing
484 intermediate machine mowing
485 small machine mowing
487 weed control-manual
489 wildflowers
490 fertilizing
492 tree trimming and removal

ROUTINE MAINTENANCE ACTIVITIES
493 landscaped area maintenance
494 chemical weed and grass control
497 chemical weed and grass control selective
weeding, broadcast or wiping
540 graffiti removal
541 roadside litter removal
542 road sweeping manual
543 road sweeping-mechanical
544 rest area maintenance
545 edging and sweeping

TRAFFIC SERVICES
520 signs-ground signs 30 square feet or less
521 signs-ground signs over 30 square feet all
overland signs
522 sign cleaning
523 guardrail repair
530 routine attenuator inspection and service
531 attenuator
532 pavement striping-large machine
534 pavement symbols
537 raised pavement marker replacement
787 highway lighting maintenance

BRIDGE ROUTINE
MAINTENANCE
805 bridge joint repair
806 bridge deck maintenance and repair
810 bridge handrail maintenance and repair
825 superstructure maintenance and repair
845 substructure maintenance and repair
859 channel maintenance
861 routine bridge electrical maintenance
865 routine bridge mechanical maintenance
869 movable bridge structural maintenance
888 bridge damage repair
896 ferry slip maintenance and repair
698 tunnel maintenance

MISCELLANEOUS ROUTINE MAINTENANCE
135 environmental work
197 engineering duties
656 maintenance of toll building, area
780 driveway-utility permit processing and inspection
782 transportation and supervision of prisoners
901 bridge inspection
903 underwater bridge inspection
905 overhead sign structure inspection
919 other bridge inspection
921 preliminary bridge engineering
929 other bridge engineering
930 supervision of bridge maintenance and operations
931 bridge operation
932 tunnel operation
933 ferry operation
941 supervision, engineering, and inspection of roadway
maintenance
942 contract maintenance supervision, engineering, and
inspection
991 emergency maintenance
992 periodic maintenance
993 betterment
994 work performed for other state agencies
995 maintenance support services
996 transporting equipment, material, or personnel
999 other, specify

CONSTRUCTION
Earthwork
220 control staking
221 cross staking
222 removal and relocation inspection
223 earthwork inspection
224 curb and gutter and traffic separator inspection
225 sidewalk inspection
226 retaining wall inspection
227 density-earthwork
Drainage
231 box culvert inspection
232 pipe construction inspection
235 subgrade inspection
236 base construction inspection
Asphalt Paving
241 asphalt paving inspection
242 asphalt plant inspection
243 weigh asphalt material

CONTRACTORS
PCC Paving
251 portland cement concrete paving inspection
252 joint repair inspection
Bridge Structure
261 substructure piling inspection
262 substructure concrete inspection
263 superstructure concrete inspection
Miscellaneous
271 inspection of misc. items
Special Feature
281 special feature inspection
999 other, specify

SURVEYORS
105 photo topographies
106 design survey
120 appraisal work-negotiation
150 digital topographies
155 design changes and survey
999 other, specify
028 Facility and Equipment Maintenance
036 Travel
089 Law Enforcement
1. IMMEDIATELY STOP VEHICLE:
   a. If circumstances permit, have the vehicle removed from the collision scene in order to clear the roadway.
   b. Maintain traffic control utilizing devices (flashers, flares, reflectors, etc.), if available, to minimize impediment to the normal flow of traffic.

2. IMMEDIATELY CALL POLICE OR HIGHWAY PATROL.

3. IMMEDIATELY CALL 911 IF CRASH RESULTED IN INJURY AND OBTAIN NAME OF INJURED PERSON(S).

4. CAUTION: Volunteer no information to anyone or sign any papers from anyone other than DOT Safety Personnel or Police.

5. INSURANCE COVERAGE: Self Insured. Fleet Liability Coverage (AL..2600) provided pursuant to Chapter 284, Part II, Section 768.28, Florida Statutes. Refer any questions to the Department of Insurance, Division of Risk Management at the address given below.

6. NOTIFY IMMEDIATE SUPERVISOR THE SAME DAY/NIGHT OF CRASH. The supervisor will provide appropriate instructions and contact the nearest DOT garage and arrange for the vehicle to be removed, if necessary. Furnish the supervisor with the following information:
   (a) DOT Driver - Name.
   (b) Other driver(s) and injured persons - Name, Address, Phone Number, Vehicle Tag Number.
   (c) DOT Vehicle - Vehicle Number, Type Vehicle, Year, Make.
   (d) Brief description of crash including injuries and damages.
   (e) Location of crash - Street No., City, County, State.
   (f) Date and time occurred.
   (g) Where vehicle(s) can be seen
   (h) Who was charged by law enforcement

7. OBTAIN NAME(S) AND ADDRESS(ES) OF WITNESS(ES), IF AVAILABLE.

8. FILL OUT REQUIRED REPORT:
   b. Submit report promptly to immediate supervisor.

NOTE: SUPERVISOR WILL REPORT CRASH TO:

   DEPARTMENT OF INSURANCE
   DIVISION OF RISK MANAGEMENT
   STATE LIABILITY CLAIMS
   200 E. GAINES STREET
   TALLAHASSEE, FLORIDA 32399-0337
   TELEPHONE: (850) 413-3122
   SUNCOM 293-3122
INJURY/ILLNESS REPORT

Please print or type in UPPER CASE letters to aid automated processing.

SECTION A - EMPLOYEE INFORMATION

1) Employee Name

2)  District/Central Office Code

3)  Unit (Cost Center Code)

4)  Length of DOT Employment years months

5)  Employee's Job Classification Code

6)  D.O.B.

7)  SEX ○ M ○ F

8)  Date of Injury or Illness

9)  Time of Injury or Illness:

10) Location Where Injury/Illness Occurred

11) Limiting Physical Conditions Prior to this Injury or Illness (select one) ○ Yes ○ No

12) Estimated number of days lost due to Injury or Illness

SECTION B - INJURY/ILLNESS OCCURRENCE

1) DESCRIBE FULLY HOW INJURY OR ILLNESS OCCURRED.

2) Employee Signature (if available to sign)

3) Date

SECTION C - INJURY/ILLNESS INFORMATION (The following fields are REQUIRED)

1) Injury Classification (See Code)

2) Event or Exposure (See Code)

3) Body Part Injured (See Code)

4) Type or Nature of Injury/Illness (See Code)

5) Source of Injury/Illness (See Code)

6) Task at Time (See Code)

7) Protective Equipment (select one for each)

Required ○ Yes ○ No

Available ○ Yes ○ No

Used ○ Yes ○ No

Available ○ Yes

500-000-18

SAFETY 2/99

Page 1 of 3
SECTION D - COMMENTS AND RECOMMENDATIONS

1) Supervisor

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<th>First</th>
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B) Phone ______________________

C) Comments/Recommendations

D) Date ______________________

E) (Supervisor Signature)

2) Safety Specialist / Designated Safety Person

A) ____________________________________________

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<th>First</th>
<th>M.I.</th>
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</table>

B) Phone ______________________

C) Comments / Recommendations

D) Date ______________________

E) __________________________ (Signature)

Available Yes
SECTION D COMMENTS AND SIGNATURES OF REVIEWERS

3) Unit Manager / Office Head
   A) ____________________________________________
      Last
      First   M.I.

   B) Comments/Recommendations

   C) Date
      M M / D D / Y Y Y Y
   D) _____________________________
      (Supervisor Signature)

4) District Secretary / Assistant Secretary / or designee (This part is optional)
   A) ____________________________________________
      Last
      First   M.I.

   B) Comments

   C) Date
      M M / D D / Y Y Y Y
   D) _____________________________
      (Signature)

SECTION E - CONTACT PERSON

1) Name
   ____________________________________________
      Last
      First   M.I.

2) Telephone
INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM 500-000-18

Section A: Employee Information

1. Name - The last name, first name, and middle initial of the injured employee.
2. District/Central Office - The District/Central Office where the injured employee is assigned. Enter appropriate district/central office designation code number.
3. Unit - The Unit where employee is assigned. Enter the Unit's corresponding 3-digit cost center code.
4. Length of DOT employment - Employee's length of employment with DOT, in number of years, months.
6. D.O.B. - The injured employee's birthdate, month, day, and year.
7. Sex - Select male or female.
8-9. Date and Time of Injury/Illness - Month, day, and year, and time (include AM or PM) when injury/illness occurred.
9. Location of Accident - Exact location (specific site location and address) where injury/illness occurred.
10. Check "Yes", if the employee had any limiting physical condition before this injury/illness occurred, "No" if there was no such condition.
11. The estimated number of days the employee will be out of work as a result of the injury/illness.

Section B: Injury/Illness Occurrence Information

1. Description of injury/illness occurrence. Employee's description of how, when, where, what, and why this injury/illness occurred.
2-3. Employee's signature and date signed.

Section C: Injury/Illness Information

1. Inury Classification - refer to the definitions and select the appropriate classification code.
2. Event or Exposure - Select the appropriate code that describes the manner in which the injury/illness was produced or afflicted.
3. Body Part Affected - Select the appropriate code that identifies the part of the injured/ill person that was directly affected by the nature of the injury/illness.
4. Type or Nature of Injury/Illness - Select the appropriate code that identifies the injury/illness in terms of its principal physical characteristics and enter the corresponding code number.
5. Source of Injury/Illness - Select the appropriate code that identifies the object, substance, bodily motion or exposure that directly produced or afflicted the identified injury/illness.
6. Task at Time of Injury/Illness - Select the appropriate task being done at the time of injury/illness and enter the corresponding code number.
7. Protective Equipment - Check appropriate responses (Y or N) to the following questions: is protective equipment required for the task being performed?; and if needed, was it available?, and; if available, was the equipment used?

Section D: Comments and Recommendations

1. Supervisor
   A) Name - The last name, first name, and middle initial of the immediate supervisor.
   B) Phone/Suncom - The telephone number of the immediate supervisor.
   C) Comments/recommendations - Supervisor's comments and recommendations for corrective or preventive action to prevent similar occurrences.
   D) Date - The date the report was reviewed and signed by the immediate supervisor.
   E) Signature - Signature of immediate supervisor.

   A) The Safety Specialist/designated safety person's last name, first name and middle initial.
   B) Phone/Suncom - The safety specialist/designated safety person's telephone number.
   C) Comments/Recommendations - Safety Specialist/designated safety person's comments and recommendations for corrective or preventive action to prevent similar occurrences.
   D) Date - The date report was reviewed by the Safety Specialist/designated safety person.
   E) Signature - Signature of safety specialist/designated safety person.

Section E: Contact Person

1-2 Name and telephone number of contact person for this report.

Distribution: Copy to the State Safety Office, Industrial Safety, M.S. 53
Definitions for Injury Classifications (Section C, Number 1):

01 No Treatment - No treatment provided or sought by the injured.

02 First Aid - Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care. First aid is (1) limited to one-time treatment and subsequent observations, and (2) involves treatment of only minor injuries, not emergency treatment of serious injuries. Injuries are not minor if:
   (a) They must be treated only by a physician or licensed medical personnel;
   (b) They impair bodily function (i.e., normal use of senses, limbs, etc.);
   (c) They result in damage to the physical structure of a non-superficial nature (e.g., fractures); or
   (d) They involve complications requiring follow-up medical treatment.

The following are generally considered to be first aid treatment:
   (a) Application of antiseptics during first visit to medical personnel
   (b) Treatment of first degree burn(s)
   (c) Application of bandage(s) during any visit to medical personnel
   (d) Use of elastic bandage(s) during first visit to medical personnel
   (e) Removal of foreign bodies not embedded in eye if only irrigation is required
   (f) Removal of foreign bodies from wound, if procedure is uncomplicated, and is, for example, by the use of tweezers or other simple technique
   (g) Use of nonprescription medication(s) and administration of single dose of prescription medication on first visit for minor injury or discomfort
   (h) Soaking therapy on initial visit to medical personnel or removal of bandage(s) by soaking
   (i) Application of hot or cold compress(es) during first visit to medical personnel
   (j) Application of ointments to abrasions to prevent drying or cracking
   (k) Application of heat therapy during first visit to medical personnel
   (l) Use of whirlpool bath therapy during first visit to medical personnel
   (m) Negative X-Ray diagnosis
   (n) Observation of injury during visit to medical personnel

03 First Aid Medical - Injury cases where the injured employee went to a physician or medical facility and received first aid treatment.

04 Medical Treatment - Any treatment, other than first-aid treatment, administered to injured employees. Essentially, medical treatment involves the provision of medical or surgical care for injuries that are not minor, through the application of procedures and systematic therapeutic measures. The following are generally considered to be medical treatment:
   (a) Treatment of infections
   (b) Application of antiseptics during second or subsequent visit to medical personnel
   (c) Treatment of second or third degree burn(s)
   (d) Application of sutures (stitches)
   (e) Application of butterfly adhesive dressing(s) or Steri-Strip(s) in lieu of sutures
   (f) Removal of foreign bodies embedded in the eye
   (g) Removal of foreign bodies from wound, if procedure is complicated because of depth of embedment, size, or location
   (h) Use of prescription medications (except a single dose administered on first visit for minor injury or discomfort
   (i) Use of hot or cold soaking therapy during second or subsequent visit to medical personnel
   (j) Application of hot or cold compress(es) during second or subsequent visits to medical personnel
   (k) Cutting away dead skin (surgical debridement)
   (l) Application of heat therapy during second or subsequent visits to medical personnel
   (m) Use of whirlpool bath therapy during second or subsequent visits to medical personnel
   (n) Positive X-Ray diagnosis (fractures, broken bones, etc.)
   (o) Admission to a hospital or equivalent medical facility for treatment.

05 Fatality - Death resulting from a work-related injury or illness.

06 Illness of an employee is any abnormal condition or disorder other than one resulting from an injury, caused by exposure to environmental factors. Includes illnesses which may be caused by inhalation, absorption, ingestion or direct contact.