



DEPARTMENTAL STANDARD OPERATING PROCEDURE (DSOP)

DSOP No. 08-01

Last Amended: January 30, 2013

Effective: 12-10-13

SUBJECT: Accidents Involving County Vehicles, County Property, and Persons

PURPOSE AND SCOPE: To establish a Departmental policy and procedures for reporting, investigating, and the initiating disciplinary action relating to accidents/incidents involving County-owned vehicles, property, and persons. This includes accidents/incidents involving the MDAD Automated People Mover (APM) Systems and associated Operations and Maintenance (O&M) Contractors.

I. AUTHORITY

Chapter 25 – Code of Miami-Dade County, Aviation Department Rules and Regulations

Sections 119.07(1) and 768.28(16)(b) – Florida Statutes

A.O. No. 7-14 – Safety and Loss Prevention

A.O. No. 7-29 – Alcohol and Drug Screening for County Employees Based Upon Reasonable Suspicion

Miami-Dade County Procedure Number 701 – Traffic Crashes Involving a County Owned/Leased/Contract Vehicle or On-Duty County Employee

Miami International Airport Automated People Mover (APM) System Safety Program Plan (SSPP)

II. DEFINITIONS

- A. *Authorized Care Centers* – County approved medical centers that are to be used for the initial assessment/treatment of an employee injury.
- B. *APM* – Automated People Mover.
- C. *County* – Miami-Dade County.
- D. *Commercial Driver's License (CDL)* – A license required to operate commercial motor vehicles.
- E. *Designated Testing Site* – A drug and alcohol testing site designated by the County, currently Jackson Health Systems (see attached Annex "D" for locations).
- F. *Employee* – Any person engaged in employment by the Miami-Dade County Aviation Department.
- G. *FDOT - Florida Department of Transportation*.

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- H. *ISD* – Internal Services Department.
- I. *Aviation Risk Management* – The Miami-Dade Aviation Department (Aviation), Human Resources Division, Risk Management Unit.
- J. *MDFR* – Miami-Dade Fire Rescue.
- K. *MDPD* – Miami-Dade Police Department.
- L. *NTSB* – National Transportation Safety Board.
- M. *Non-Serious Accident* – An accident that does not involve injury to any person, or damage to a County-owned motor vehicle, and other County property at the scene of the accident.
- N. *O&M* – Operations and Maintenance.
- O. *OSHA* – Occupational Safety and Health Administration.
- P. *Serious Accident* – An accident that involves death or bodily injury to any person requiring medical treatment away from the scene of the accident, or disabling damage to a County vehicle or other County property at the scene of the accident.
- Q. *Aviation Human Resources Administrator* – Person that shall be notified when an employee is being accompanied to the Designated Testing Site for drug and alcohol testing after an accident.
- R. *Post-Accident Testing* – Drug and Alcohol testing that is required after a County employee, who is required to have a CDL to perform their duties, is involved in a Non-Serious or Serious Accident. This testing is to occur as expeditiously as possible.
- S. *Reasonable Suspicion Testing* – Drug and Alcohol testing required after a County employee is involved in a Non-Serious or Serious Accident.
- T. *MDAD Safety Sensitive Position* - Any position, including a supervisory or management position, in which drug and/or alcohol impairment would constitute an immediate and direct threat to public health or safety; or a position in which a momentary lapse in attention could result in injury or death of another person.
- U. *(CDL) Safety Sensitive Positions* – All employees in positions requiring a Commercial Driver's License.

III. POLICY

- A. Any Aviation employee that is involved in or aware of an accident/incident where County property is damaged (structures or equipment) and/or results in bodily injury to a person shall follow the procedures below. Failure to adhere to these procedures may result in disciplinary action, up to and including dismissal. In the case of the MDAD APM Systems, the O&M

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Contractor will be required to follow these procedures and the MDAD Project Manager overseeing the Contractor will ensure these procedures are adhered to.

- B. Testing for prohibited drugs and alcohol will be conducted in the case of both serious and non-serious accidents. The employee's supervisor may determine that Post Accident Testing is not required if the following criteria are met:
 - 1. The employee was not at fault, as determined by a law enforcement officer.
 - 2. Damage was discovered by an employee, but that employee was not the driver of the vehicle at the time of the damage.
- C. Failure to adhere to the procedures outlined in this DSOP could expose the County to unnecessary costs.

IV. PROCEDURES

A. Accidents Involving County Vehicles:

- 1. The employee must immediately notify his/her supervisor of any accident involving a County vehicle. The supervisor will report to the accident scene as soon as reasonably possible or send a designee.
- 2. The employee must immediately notify the nearest law enforcement agency by dialing 911, and wait until an officer arrives at the scene. An accident report number must be obtained from the reporting law enforcement agency.
- 3. The employee or his/her supervisor must photograph the damaged vehicle and surrounding area.
- 4. The employee or his/her supervisor must collect the names and phone numbers of any witnesses.
- 5. The employee must complete the *Miami-Dade ISD Notice of County Motor Vehicle Accident (Form 162-05-45, Annex A)* and submit with any photos to the Aviation Risk Management Unit within 48 hours of the accident.
- 6. County Vehicles involved in accidents must be taken immediately to the Mobile Garage, Facilities Maintenance, Building 3040, for inspection and evaluation. MDAD APM Systems vehicles must be taken to the Heavy Maintenance area at the maintenance facility following release by the incident investigation.
- 7. All County-owned vehicles used within the Department shall have a copy of these procedures in the vehicle at all times. For the MDAD APM Systems, a copy of these procedures will be maintained in the Central Control Room, instead of each vehicle.
- 8. Human Resources Administrator must be notified when an employee will be taken to the Designated Testing Site for Post-Accident Testing.

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9. An employee requiring drug and alcohol testing must be accompanied by their supervisor or designee to the Designated Testing Site.
10. Until clearance is given by the Aviation Human Resources Administrator, an employee who has been tested for drug and/or alcohol may not continue to work in any safety sensitive position.

B. Accidents, other than County Vehicles:

1. The employee must immediately notify his/her supervisor of any accident/incident involving bodily injury to other persons or damage to County property (structure or equipment). The supervisor or designee will report to the scene of the reported accident.
2. The employee or his/her supervisor must notify police and/or fire, and obtain a case number (accident report number).
3. The employee or his/her supervisor must photograph the damaged property and surrounding area.
4. The employee or his/her supervisor must collect the names and phone numbers of any witnesses.
5. The employee must complete the *Miami-Dade ISD Notice of Accident or Property Damage (Form 162.05-44, Annex B)* and submit it, along with any photos, to Aviation Risk Management within 48 hours.
6. The employee or his/her supervisor must call the Work Order Center at (305) 876-7311 to report damage to County property and complete a *Aviation Damage Recovery Control Form (Form 64.01-5, Annex C)*. A Work Order number will be given and it must be recorded on the form.

C. Construction Accidents:

1. The employee must report all construction related accidents/incidents that involve County property that is under construction and/or persons that may sustain bodily injury from a construction incident to Aviation Risk Management within 48 hours.
2. The employee must notify his/her supervisor of any accident immediately, and the supervisor or designee must report to the accident scene as soon as reasonably possible.
3. The employee must notify the MDPD and/or MDFR and obtain a case number when persons have sustained bodily injury at the time of the incident.
4. The employee must photograph any damaged property in the surrounding area.

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5. The employee or his/her supervisor must collect the names and phone numbers of any witnesses.
6. The employee must attempt to obtain the name of the contractor doing the work on MDAD property, including the contractor's contact information, project name, project number, and the MDAD project manager's name.
7. The employee must complete the *Miami-Dade ISD Notice of Accident or Property Damage (Form 162.05-44, Annex B)*, and forward the report and all photos to MDAD Risk Management within 48 hours.

D. MDAD APM System Accidents:

1. MDAD will investigate all FDOT reportable accidents/incidents associated with the MDAD APM Systems. The MDAD APM Systems Project Director (APM Project Director) is responsible for all accident/incident investigations.
 - a. The MDAD APM System Safety Committee has the lead role in formulating the safety policy for MDAD APM Systems. The MDAD APM System Safety Committee is chaired by the Assistant Project Director. The APM Assistant Project Director will designate a lead investigator and an alternative for each accident to be investigated and may assign specific responsibilities to the MDAD APM Systems Safety Committee members according to the circumstances of the accident and the specific activities to be accomplished.
 - b. The lead investigator may be from an outside agency depending on the type of incident. The APM Assistant Project Director shall determine the time and/or location of status reports and meetings. Accidents, occupational illnesses and injuries are investigated at the first line supervisor level.
 - c. Accidents/incident investigation reports are compiled, reviewed, and submitted by the APM Project Director to all regulatory agencies as required, including FDOT, the Florida State Safety Oversight Agency.
2. Depending on the type and severity of the accident/incident, the MDAD Project Director shall coordinate with representatives from FDOT, OSHA, and National Transportation Safety Board (NTSB) during the investigation process.
3. As required, an Accident/Investigation Committee may be convened as well to review the facts of the incident.
4. The APM Project Director may initiate an investigation to be conducted by the Aviation Department including convening an ad-hoc Accident/Incident Investigation Board, as appropriate.
5. MDAD will thoroughly evaluate and analyze all accidents to determine causal and contributing factors of the accident.
6. All accidents are investigated by the appropriate first line MDAD supervisor, and then evaluated by the MDAD APM System Safety Committee.

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7. For the MDAD APM Systems where the O&M is covered by a Contractor the following will apply:
 - a. An O&M Contractor employee involved in an accident/incident must do the following:
 - i. Request medical attention, if necessary.
 - ii. Report and describe the accident/incident using the procedures and forms described above (IV. A., B., and C and *Annexes A, B, and C*) for MDAD employees.
 - iii. For loss of time from work, report to the medical facility as soon as possible within twenty-four hours of the occurrence.
 - b. The employee's immediate supervisor will prepare and distribute the appropriate forms as soon as possible, but no more than twenty-four hours after notification of the accident/incident. The supervisor will take the following actions:
 - i. Make appropriate arrangements for medical attention, if requested.
 - ii. Review the accident/incident, and depending on the nature and severity, convey the impact to the appropriate persons for response to the scene.
 - iii. Conduct the initial investigation of the accident/incident including obtaining interviews, photos, diagrams and preserving data.
 - iv. Ensure that conditions which could cause a similar accident/incident are reported for remedial and/or corrective action.
 - v. Ensure that proper documentation is prepared and filed and includes:
 1. Summary of the accident/incident;
 2. Methodology used to determine the root cause(s) of the accident/incident;
 3. Discussion of events;
 4. Conclusion/findings of the investigation;
 5. Recommendations to prevent future occurrences;
 6. Corrective Actions with current status;
 7. Status report of the investigation.
 - vi. If loss of time from work occurs at any time afterwards due to the accident/incident, direct the employee to report to the medical facility as soon as possible, preferably within twenty-four hours.
 - vii. For non-employee accidents/incidents, O&M Contractor employees are responsible for collecting the appropriate information and preparing an accident report as required by this DSOP.
8. The System Safety Committee will review all APM accidents/incidents which occurred the previous month to determine if recommended corrective action has taken place.
9. At any time during an investigation, MDAD will be prepared to provide a full briefing to FDOT on the known circumstances of the event, status of MDAD or NTSB investigations, and status of any planned or completed corrective actions.
10. The MDAD APM Systems are subject to either independent investigation by FDOT or their participation in MDAD investigations.

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- a. Any investigation conducted by FDOT or its contractor will be in accordance with MDAD investigation procedures as stated in MDAD's System Safety Program Plan (SSPP), Section 10.2.1 - "FDOT Investigations of Reportable Events".
- b. FDOT shall inform MDAD of its intention to conduct an investigation or participate in an MDAD investigation of a reported event no later than 7 calendar days following receipt of the MDAD initial report.
- c. FDOT shall advise MDAD of the following:
 - i. Investigation processes;
 - ii. Identity of individual(s) conducting the investigation; and
 - iii. Tentative schedule of investigation activities.
- d. The APM Systems Project Director will assist FDOT investigators by providing required information and resources necessary for conducting investigations.
- e. The initial investigative report shall be provided to FDOT within seven calendar days and include:
 - i. Name and job title of person reporting and name of the Fixed Guideway Transit System (FGTS).
 - ii. Event type
 - iii. Location, time and date
 - iv. Fatalities
 - v. Injuries
 - vi. Rail transit vehicle involved (type, number)
 - vii. Other vehicles involved (type, number)
 - viii. Property damage estimate
 - ix. Note if reported to NTSB
 - x. Contact information for lead investigator
 - xi. Description of event
 - xii. Documentation regarding MDAD's decision to test safety sensitive employees for drugs and/or alcohol.
 - xiii. Implemented and/or planned corrective actions
- f. MDAD shall maintain a corrective action monitoring log and provide FDOT with monthly corrective action updates.
- g. Monthly updates for each pending investigation's activities and findings shall be submitting to FDOT for review and approval. These updates should include:
 - i. Minutes of all meetings held in reference to the accident/incident.
 - ii. Disclosure of immediate corrective actions that O&M Contractor has taken.
 - iii. Overall progress of the investigation.
- h. The MDAD APM Systems Project Director will submit an in-depth accident investigation report to FDOT within 30 days of the completed investigation or identification of a hazard.
 - i. This report shall include a description of MDAD's investigative procedures, its findings, causal factors, and resultant Corrective Action Plan (CAP) for review and approval.

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- ii. Departmental senior management will be furnished with a copy of the completed accident investigation.
 - iii. All CAP's shall be forwarded to and implemented by the responsible MDAD division.
 1. Their implementation status will be tracked to closure by the MDAD APM Systems Project Director and periodic updates will be furnished to FDOT, via their website.
 2. The MDAD APM Systems Project Director will maintain copies of all relevant information regarding incidents for further use by FDOT, upon request.
11. The NTSB may investigate a reportable event to achieve its primary function to promote safety in transportation. In such cases, the NTSB is responsible for the investigation; the determination of facts, conditions, and circumstances; the cause or probable cause(s); and recommendations to reduce the likelihood of recurrence.
 - a. In the event of an NTSB investigation, the MDAD APM Systems Project Director will be responsible for timely notifying and providing information to FDOT on NTSB activities including meetings, interviews, requests for data, functional testing, examination of equipment, and the results of drug/alcohol tests.
 - b. The MDAD APM Systems Project Director will provide FDOT with a copy of all:
 - i. Written correspondence to the NTSB concerning a reportable event or investigation, and
 - ii. NTSB reports and any recommendations concerning the event, or its investigation, upon receipt by MDAD.
 - c. FDOT shall assist the NTSB by providing information requested about MDAD critical practices and other matters as appropriate.
 - i. FDOT is permitted to participate in any discussions and reviews of preliminary findings and recommendations released by the NTSB.
 - ii. MDAD and FDOT will review the NTSB findings, draft, and final reports and make a determination of whether or not to adopt the NTSB recommendations.
 - iii. Should NTSB recommendations be adopted, MDAD will be responsible for implementing them.
12. In accordance with Section 768.28 (16) (b) F.S. claim files prepared by MDAD and adopted by FDOT are confidential and exempt from the provisions of Chapter 119.07(1) F.S.
13. Investigative level thresholds and notification requirements for incidents involving the MDAD APM Systems are dependent on the nature of the incident or condition. See Annex D for specific investigative thresholds.
14. All necessary emergency response agencies, MDAD management staff, Contractor(s) and regulatory agencies are included in the notification process. See Annex E for notification thresholds and agency contact information.

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E. Procedures for Hazard Management:

1. Hazardous conditions that may result from accidents/incidents will be handled as per the requirements in MDAD's System Safety Program Plan (SSPP), Section 6 "Procedure for Hazard Management".
 - a. These occurrences will be input and tracked via FDOT's website using the procedures and forms identified as SSO-12, "FGTS Hazard Initial Notification Form and Worksheet", and SSO-13, "Hazard and Corrective Action Tracking Log".
2. For each hazard that MDAD or its contractors/sub-contractors have identified as per IV.D.1, above, the System Safety Committee will document the processes it used to identify, investigate, assess and resolve the hazard, including, but not limited to:
 - a. How the hazard was recognized and reported;
 - b. A description of the hazard and the immediate corrective action(s) taken;
 - c. Using the risk assessment method documented in the SSPP, a determination of the initial risk assessment, based on the probability and severity of the hazard if nothing was done;
 - d. Results of the investigation; including the circumstances, events and causal factors leading up to the hazard;
 - e. Additional corrective action that was or will be done to reduce the probability and/or severity of the hazard (include schedule and responsibility).
 - f. Using the risk assessment method documented in this SSPP, a final risk assessment, based on the probability and severity of the hazard when the proposed corrective action/resolution is in place.
3. The MDAD System Safety Committee chairperson will maintain a file of worksheets and associated documents for all new hazards discovered by, or reported to the System Safety Committee. The file will facilitate future reviews and trend analysis by MDAD and FDOT.

V. RESPONSIBILITIES

A. Employees:

1. An employee involved in an accident/incident must do the following:
 - a. Request medical attention, if necessary.
 - i. For loss of time from work, report to an Authorized Care Center (see Annex F) as soon as possible within twenty-four hours of the occurrence.
 - b. Report and describe the accident/incident according to procedures defined above.

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2. In the case of death or serious injury to a County employee or a member of the public or serious damage to County property, the following steps must be taken:
 - a. Immediately notify MDAD Risk Management at 305-876-7777 during regular business hours or at 786-402-0562 after business hours; and
 - b. Immediately notify ISD Risk Management, Office of Safety, at 305-876-8000 during regular business hours or by pager at 305-880-2400.
3. Immediately notify the nearest law enforcement agency by dialing 911 to report the accident.
4. Immediately notify your supervisor of any accident/incident involving a County-owned vehicle, County property and/or persons.
5. Complete the necessary forms (referenced in the Annexes to this DSOP) and submit to the proper authorities within the indicated time frames.
6. Do not discuss the accident/incident with a third party without the representation or authority of your supervisor, Senior Management, MDAD Risk Management, and/or an Assistant County Attorney.

B. Supervisors:

1. Must make appropriate arrangements for medical attention, if requested.
 - a. If loss of time from work occurs at any time afterwards due to the accident/incident, direct employee to report to Authorized Care Center (see Annex F) as soon as possible within twenty-four hours of the occurrence.
2. Must document the time of notification by an employee reporting an accident involving death or serious injury to an employee or another person or damage to County property and go to the scene of the accident as soon as possible to investigate and document any evidence (including photos and sketches) or send a designee who will perform these responsibilities in their stead.
 - a. After reviewing the accident/incident, and depending on the nature and severity, convey the impact to the appropriate persons for response to the scene.
3. Must interview employee(s) (if available) and obtain their statements of the incident in writing on the appropriate forms (referenced in the Annexes to this DSOP).
4. Must interview any witnesses to the incident and obtain their names and phone numbers.
5. Must immediately accompany employee to Designated Testing Site for Post Accident or Reasonable Suspicion drug and alcohol testing, if necessary. See Policy (III.B) for details.

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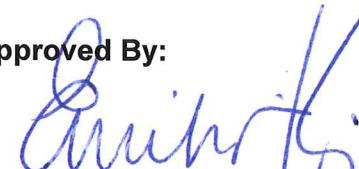
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6. Must immediately notify Human Resources Administrator when an employee will be taken to the Designated Testing Site for Post Accident or Reasonable Suspicion drug and alcohol testing.
7. Must suspend the employee's activities, including but not limited to driving, and operating machinery, until the results of the Post Accident or Reasonable Suspicion drug and alcohol testing has been cleared by the Human Resources Administrator.
8. Must complete *Miami-Dade ISD Notice of County Motor Vehicle Accident (Form 162-05-45, Annex A)* and forward to Aviation Risk Management Office within 48 hours of accident, along with supporting documentation.
9. Must make the vehicle available for inspection by the Aviation Mobile Garage immediately following the accident.
10. Must ensure that conditions which could cause a similar accident/incident are reported for remedial and/or corrective action.
11. Must prepare and distribute the appropriate forms (*Annexes A, B, or C*) as soon as possible, but no more than twenty-four hours after notification of the accident/incident.

REVOCATION: None

CROSS REFERENCE: None

Approved By:


Emilio T. González, Aviation Director

Date: 12/10/13



NOTICE OF COUNTY MOTOR VEHICLE ACCIDENT (continued)
STATEMENT OF DRIVER OF COUNTY VEHICLE

Weather Conditions at Time of Accident _____ Condition of Road at Place of Accident _____

Did Accident Occur in Daytime Nighttime

Direction your vehicle was going _____ What side of street? _____

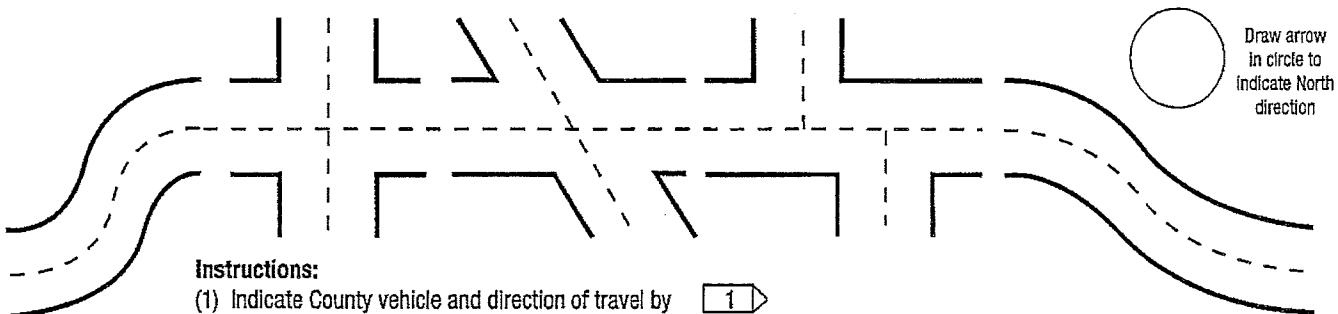
Estimated Speed of County Vehicle at Time of Accident _____

DRIVER'S DETAILED ACCOUNT OF ACCIDENT

Name of Driver _____ Signature _____ Date _____

Attach Additional Pages If Necessary. Indicate # of Attachments _____

Complete the following diagram showing direction & positions of automobiles involved, clearly designating point of contact.



Instructions:

(1) Indicate County vehicle and direction of travel by 
(2) Number each additional vehicle involved 

(3) Use solid line to show direction of vehicle before accident
→ dotted line after accident. Show point of contact by X.

(4) Indicate traffic control devices.

(5) Show bicycle or motorcycle by → 

(6) Show pedestrian by → 

(7) Show railroad by 

(8) Show power or telephone pole by 

Draw arrow
in circle to
indicate North
direction

Name of Person Making Diagram: (print) _____ Signature _____ Date _____

Submit to: • GSA Risk Management Liability Unit (Phone: 305-375-4280/Fax: 305-679-7789); 111 N.W. 1st St., 23rd Floor (Original)
• Office of Safety (Phone: 305-876-8000/Fax: 305-876-8020), 4200 N.W. 36th St., Bldg. 5-A, 3rd Floor (Copy or Fax)
• Department and Departmental Safety Representative (Copy or Fax)

**General Services Administration**

Risk Management Division – 111 N.W. 1st Street – Suite 2340
 Miami, Florida 33128-1987 – Telephone: 305-375-4280/Fax: 305-679-7789

NOTICE OF ACCIDENT OR PROPERTY DAMAGE
(PLEASE COMPLETE BOTH PAGES OF THIS FORM IN DETAIL)

In Case of Serious Injury, Notify 9-1-1

(Do not use this form to report a County motor vehicle accident. Use form #162.05-45 Notice of County Motor Vehicle Accident.)

Person Making Report _____ Signature _____ Date of Report _____

Title _____ Home Phone _____ Work Phone _____ Cell Phone _____

Address of Person Making Report _____

Department _____ Div. _____ Loc. _____

If employee is involved, list the following:

Employee Name _____ I.D. # _____ S.S. # _____ Equipment I.D. # _____

If employee is injured, notify Teleclaim at: 1-877-632-7475 (or Report on Minor Injury Log) and complete form #160.05-11B Supervisor's Investigation Report.

Home Phone # _____ Work Phone # _____ Cell Phone # _____ Driver's License # _____

Address _____ City _____ State _____ Zip _____

Date of Incident _____ **Hour** _____ **A.M.** **P.M.**

Incident Occurred at (Address) _____ City _____ State _____ Zip _____

Was Report Made to Police/Fire? Yes No Agency/Municipality _____ Case # _____

Officer Name: _____ Badge or I.D.# _____

INJURY TO NON-COUNTY PERSONNEL	Name _____	Address _____	City _____	State _____	Zip _____
	Phone (H) _____	(W) _____	(Cell) _____		
	Occupation _____	Age _____			<input type="checkbox"/> Married <input type="checkbox"/> Single
	By Whom Employed _____	Address _____			
	Was 9-1-1 called? <input type="checkbox"/> Yes <input type="checkbox"/> No	9-1-1 Case/Alarm/Run Report # _____			
	Facility where the injured was taken _____	Address _____			
Description of the injury _____					

PROPERTY DAMAGED	Name of Owner _____	Address _____	City _____	State _____	Zip _____	
	Home Phone _____	Work Phone _____	Cell Phone _____			
	Description of Property Damaged _____					
	Name of Owner's Insurance Co. _____		Policy # _____	Ins. Co. Phone # _____		
	Nature and Extent of Damages _____			Estimate of Repairs _____		

WITNESSES	(Secure the names and addresses of witnesses to the accident.)				
	¹ Name: _____	Address _____	City _____	State _____	Zip _____
	Telephone # (H) _____	(W) _____	(Cell) _____		
	² Name: _____	Address _____	City _____	State _____	Zip _____
	Telephone # (H) _____	(W) _____	(Cell) _____		
	³ Name: _____	Address _____	City _____	State _____	Zip _____
	Telephone # (H) _____	(W) _____	(Cell) _____		

NOTICE OF ACCIDENT OR PROPERTY DAMAGE *(continued)*

DESCRIPTION OF ACCIDENT

State cause and describe facts surrounding accident. Attach additional pages, if necessary. Indicate # of attachments _____.

PROVIDE DIAGRAM OF ACCIDENT

Insert arrow to
Indicate North
direction

Name of Person Making Report (print) _____ Signature _____ Date of This Report _____

Did you take photos? Yes No # of photos attached _____

If this was not reported promptly, explain delay _____

Complete both pages of this report and submit to:

- GSA Risk Management Liability Unit (Phone: 305-375-4280 / Fax: 305-679-7789); 111 N.W. 1st St., 23rd Floor (Original)
- Office of Safety (Phone: 305-876-8000 / Fax: 305-876-8020), 4200 N.W. 36th St., Bldg. 5-A, 3rd Floor (Copy or Fax)
- Department and Departmental Safety Representative (Copy or Fax)

12022

MIAMI-DADE COUNTY AVIATION DEPARTMENT
Damage Recovery Control Form

Division _____

Work Order/
Request No. _____Prepared by: _____
Name _____ Date _____P1 phoned/radioed _____ to _____ by _____
date/time _____ name _____ name _____Description _____ time/date _____
of Damage _____
(Brief) _____

Location: _____

Location damaged property moved to: _____

Party known to be responsible: _____

Contact information: _____

Other reports filed: _____
No. _____ Date _____
Police Report _____ by _____
_____ by _____
_____ by _____DISTRIBUTION: White – Work Order Center Yellow – MDAD Risk Mgt. Pink – Collection Gold – Division
64.01-5 5/99

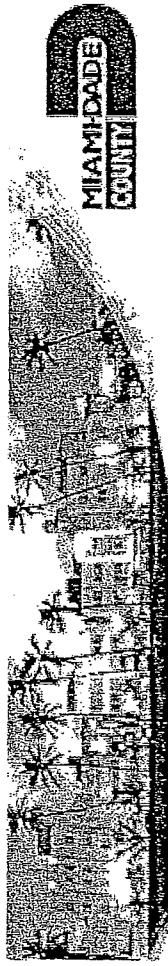
MDAD APM Systems Investigative Level Thresholds

Investigative Level Thresholds		Accident or any unusual incident	A fatality at the scene; or where an individual is confirmed dead within thirty (30) days of a rail transit-related incident; Injuries requiring immediate medical attention away from the scene for two or more individuals; Property damage to rail transit vehicles, non-rail transit vehicles, other rail transit property or facilities and non-transit property that equals or exceeds \$25,000; An evacuation due to life safety reasons; collision at a grade crossing; main-line derailment; collision with an individual on a rail right of way; or collision between a rail transit vehicle and a second rail transit vehicle, or a rail transit non-revenue vehicle.	Suspected Or Initial Identification of Unacceptable Hazardous Condition
A	Supervisor	Required	Required	Required
B	System Safety Committee	If determined by the MDAD APM Systems Project Director	Required	Required
C	Investigation by MDAD APM Systems Project Director	If determined by the MDAD APM Systems Project Director	Required	Required
D	Investigation by MDAD APM Systems Project Director or his designee	If determined by the MDAD APM Systems Project Director	If determined by the MIA Mover Project Director	If determined by the MIA Mover Project Director
E	Investigation by System Safety Committee	If determined by the MDAD APM Systems Project Director	If determined by the MIA Mover Project Director	If determined by the MIA Mover Project Director
F	Notification to FDOT by MDAD APM Systems Project Director	If determined by the MDAD APM Systems Project Director	Required	Required

MDAD APM Systems Incident Notification Thresholds

AGENCY	Incident Notification and Agency/Department Contact Information
FDOT	<p>Via FDOT SSOA website</p> <p>Within 2 hours of an accident involving Passenger Service Operation resulting in:</p> <ul style="list-style-type: none"> (1) A fatality at the scene; or where an individual is confirmed dead within thirty (30) days of a rail transit-related incident; (2) Injuries requiring immediate medical attention away from the scene for two or more individuals; (3) Property damage to rail transit vehicles, non-rail transit vehicles, other rail transit property or facilities and non-transit property that equals or exceeds \$25,000; (4) An evacuation due to life safety reasons; (5) A collision at a grade crossing; (6) A main-line derailment; (7) A collision with an individual on a rail right of way; or (8) A collision between a rail transit vehicle and a second rail transit vehicle, or a rail transit non-service vehicle.
ISD RISK MANAGEMENT	<p>CALL (305) 876-8000</p> <p>All fatalities and injuries requiring emergency response or property damage >\$10,000.</p> <p>ISD Safety FAX (305) 876-8020</p>
NTSB (NATIONAL TRANSPORTATION SAFETY BOARD)	<p>CALL (800) 424-0201 WITHIN 2 HOURS: Fatality or serious injury of two or more persons requiring hospitalization, evacuation of an in-service train, property damage >\$25,000 to an in-service train, MDAD and non-MDAD property.</p> <p>CALL (800) 424-0201 WITHIN 4 HOURS: Property damage > \$150,000 to MDAD and non-MDAD property. Damage >\$25,000 to an in-service train and MDAD and non-MDAD property.</p> <p>NTSB Direct (202) 314-6297</p>
STATE OSHA	<p>CALL (954) 424-0242</p> <p>No later than 48 hours after employment fatality of one or more employees or hospitalization of 5 or more employees.</p>

Medical Schedule



Application Schedule Test Reasons Test Types Test Locations Test Price Test by Type/Reason Result Codes

Test Location

Location ID	Location Code	Location Name	Status	Contact Person	Telephone	Contact Person 2	Telephone 2	Address	City	Last Updated
12	JBMP	BISCAYNE MED PLAZA	ACTIVE	Dr. Soto	786-466-8468	—	—	3801 Biscayne Blvd.	Miami	05/16/2012
18	JDEPT	DEPARTMENT PREMISES	ACTIVE	Dr. Soto	786-466-8490	—	—	Department Premises	—	04/06/2012
15	JDMC	DOWNTOWN MED CTR	ACTIVE	Dr. Soto	786-466-7200	—	—	111 NW 1st Street	Miami	01/05/2012
16	JER	JACKSON MEM HOSP ER	ACTIVE	Dr. Soto	305-585-6910	—	—	1611 NW 12th Ave.	Miami	01/05/2012
13	JNMC	JACKSON NORTH MED CTR	ACTIVE	Dr. Soto	305-654-6870	—	—	100 NW 170th Street	North Miami Beach	07/24/2012
14	JSCH	JACKSON SOUTH COMM HOSP	ACTIVE	Dr. Soto	305-256-5245	—	—	9333 SW 152nd Street	Miami	01/06/2012
17	JVAN	JHS VAN	ACTIVE	Dr. Soto	786-466-8490	—	—	Van	—	04/06/2012
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