



**OFFICE OF THE COUNTY SHERIFF**  
**Montgomery County, Maryland**  
*Darren M. Popkin, Sheriff*



**GENERAL ORDERS/PERSONNEL PROCEDURES**

<b>Subject:</b> <b>Occupational Injury/Disease/Exposure, Vehicle, Property Damage, and Other Accidents</b>	<b>Number:</b> <b>2.14</b>	<b>Effective Date:</b> <b>09/09/15</b>
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Purpose: To establish uniformity in reporting accidents, collisions, and injuries involving employees and county property and equipment. **(22.2.2.d)**

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**I. Reporting Responsibilities**

**A. Employees**

- (1) Employees involved in a work-related injury, collision, or accident must immediately report the incident to their supervisor. This includes suspected injuries, regardless of the severity. Reports of injuries, collisions, or accidents must be documented on an Incident Report (MCSO9).
- (2) Neither the submission of an Incident Report nor the filing of an Employer's First Report of Injury constitutes the filing of a Worker's Compensation claim.
- (3) Employees are prohibited from making any admission regarding liability or fault for any motor vehicle collision or general liability accident involving either bodily injury or property damage. Only the Sheriff's Office or claims administrator are authorized to accept liability on behalf of either Montgomery County or the State of Maryland.

- (4) If an incident involves a Sheriff's Office vehicle and any other motor vehicle, the employee must obtain the event report number from the investigating officer and a copy of the State of Maryland Motor Vehicle Accident Report as soon as practical, and forward the report to their supervisor.
- (5) If the incident occurs outside the jurisdiction of Montgomery County, Md., the involved deputy must make the necessary arrangements to obtain a copy of the investigating agency's report.

B. Supervisors

Once a supervisor is notified of a work-related accident, collision, or injury, they must ensure the completion of all required reports indicated in Section II of this directive, prior to the end of their tour of duty. If a supervisor is not available, the ranking, on-duty deputy of that section is responsible for ensuring the completion of all required reports.

- (1) If the employee is injured to such an extent that they are physically unable to complete the required reports, the supervisor or ranking on-duty deputy must assist in the completion of the reports.
- (2) *The Assistant Sheriff for Operations must be notified via email whenever a supervisor completes an Employer's First Report of Injury/Illness/Exposure.*

II. Required Reports

A. Supervisors must ensure the following reports are completed:

- (1) Work related injury to Sheriff's Office Employee (Non – Vehicle related)
  - (a) Employer's First Report of Injury/Illness/*Exposure* (Claims Administrator, 1-888-606-2562)
  - (b) Incident Report (MCSO9)
  - (c) *Memorandum of Notification (MCSO13)*
- (2) Damage to Sheriff's Office Vehicle - No Other Vehicle Involved (Minor Damage)
  - (a) Motor Vehicle Accident Notice
  - (b) Incident Report (MCSO9)
  - (c) *Memorandum of Notification (MCSO13)*

- (3) Damage to Sheriff's Office Property by Employee
  - (a) Liability Accident Notice (Not Motor Vehicle)
  - (b) Incident Report (MCSO9)
  - (c) *Memorandum of Notification (MCSO13)*
- (4) Damage to Other than Sheriff's Office Property by Employee
  - (a) Liability Accident Notice (Not Motor Vehicle)
  - (b) Incident Report (MCSO9)
  - (c) *Memorandum of Notification (MCSO13)*
- (5) Vandalism to Sheriff's Office Property
  - (a) Appropriate MCP event or investigating agency report
  - (b) Liability Accident Notice (Not Motor Vehicle)
  - (c) Incident Report (MCSO9)
- (6) Vandalism to Sheriff's Office Vehicle
  - (a) Appropriate MCP event or investigating agency report
  - (b) Motor Vehicle Accident Notice
  - (c) Incident Report (MCSO9)
- (7) Personal Injury Collision (Employee Injured) Sheriff's Office Vehicle
  - (a) Employer's First Report of Injury/Illness/*Exposure* (Claims Administrator, 1-888-606-2562)
  - (b) State of Maryland Motor Vehicle Accident Report or investigating agency report.
  - (c) Motor Vehicle Accident Notice
  - (d) Incident Report (MCSO9)
  - (e) *Memorandum of Notification (MCSO13)*

- (8) Property Damage Collision Sheriff's Office Vehicle
    - (a) State of Maryland Motor Vehicle Accident Report or investigating agency report.
    - (b) Motor Vehicle Accident Notice
    - (c) Incident Report (MCSO9)
    - (d) *Memorandum of Notification (MCSO13)*
  - (9) Injury to Other Than County Employee
    - (a) Liability Accident Notice (Not Motor Vehicle)
    - (b) Incident Report (MCSO9)
- B. Supervisors must mark the appropriate blocks on the Memorandum of Notification (*MCSO13*) as to what documentation is being forwarded at that time. In the event that additional documentation is received at a later date supervisors must initiate additional Memorandums of Notification, as required.
- C. Three copies of the Memorandum of Notification and all supporting documentation will be made and distributed as follows:
- (1) Original to the employee.
  - (2) One copy placed in the Section Supervisor file.
  - (3) One copy to the employee's Division Captain.
  - (4) One copy to the Chief Deputy.

### III. Photographs

Photographs of Sheriff's Office vehicles involved in a collision or damaged in any incident must be taken and attached to the Incident Report. Photographs taken of Sheriff's Office vehicle collisions should depict the entire scene of the collision to include all other vehicles or property involved.

### IV. Employer's First Report of Injury/Illness/Exposure

- A. The first responsibility of a supervisor upon notification of an injury, illness, or exposure is to ensure that the injured employee receives the necessary care to stabilize the injury.
- B. Supervisors must report work-related injuries, illnesses, and exposures as soon as possible to the County's contractual liability claims administrator. Supervisors should have the following information available when contacting *an intake specialist*:
  - (1) The employee's full name, date of birth and social security number.

- (2) The employee's home address and telephone number (do not substitute work address and telephone number).
- (3) The employee's date of hire, job title, and wage information.
- (4) Whether the employee is a union member.
- (5) Whether the employee desires to use the Managed Care Program.
- (6) The name and address of the employee's supervisor.
- (7) The date, time, and the location where the injury occurred.
- (8) The nature of the injury.
- (9) The name of any medical treatment provider, if known.
- (10) The location code *OOS01*. This code is used on all claims reported by the Sheriff's Office.

C. *The claims administrator* provides the following two (2) methods of reporting injuries, illnesses and exposures:

- (1) A twenty-four (24) hour, seven day a week telephone reporting service.
  - (a) Supervisors must call 1-888-606-2562 to initiate the report.
  - (b) An intake specialist completes the Employer's First Report of Injury/Illness/*Exposure* after being provided the necessary information by the supervisor.
  - (c) Supervisors must document in the Incident Report (*MCSO9*) the date, time, and individual spoken to when making a report to the telephone reporting service. Additionally, the telephone reporting service will initiate a control number, which must be included in the Incident Report.
  - (d) The telephone reporting service will either fax or *email* a copy of the Employer's First Report of Injury/Illness/*Exposure* to the supervisor and will provide the County's Risk Management Division a copy of the report.
  - (e) When received, a copy of this report must be forwarded via the chain of command to be attached to the original Incident Report (*MCSO9*).
- (2) Through the Internet at the website [www.mcsip.org](http://www.mcsip.org).
  - (a) Supervisors must select Web Reporting and log on to the website by entering the username sheriff and the password MCSIP. The username and password are case sensitive.

- (b) Once logged on, enter the date of the injury, illness, or exposure and then click New Claim.
- (c) The reporting supervisor must complete the pages on the report with the information described above in section IV.B. All fields must be complete and accurate. Incomplete information delays the adjusters' ability to process the claim in a timely manner.
- (d) The website allows the report to be saved at any stage and retrieved at a later time.

V. **Managed Care Program (22.2.2.c)**

- A. If possible, prior to contacting *the claims administrator*, the supervisor should explain the Managed Care Program to the employee by providing the following information.
  - (1) If the employee who is temporarily disabled in the line of duty chooses to participate in the program:
    - (a) The employee may contact the MCI Nurse Case Manager by calling *1-800-234-5003* or visiting the website [www.mcsip.org](http://www.mcsip.org) to obtain the names of local physicians enrolled in the program.
    - (b) All bills for medical service are automatically sent to the claims administrator.
    - (c) Employees who participate in the program are paid the difference between their normal county salary and the amount received under Worker's Compensation for a maximum of eighteen (18) months.
    - (d) In the event that a claim for Worker's Compensation is denied, the employee's pay or leave balance will be adjusted from the date of denial.
  - (2) If the employee who is temporarily disabled in the line of duty chooses to not participate in the program:
    - (a) The employee may select any physician to treat the injury.
    - (b) Employees are paid the difference between their normal county salary and the amount received under Worker's Compensation for a maximum of twelve (12) months.
    - (c) In the event that a claim for Worker's Compensation is denied, the employee's pay or leave balance will be adjusted from the date of injury.

- B. The supervisor must provide the employee a pre-printed Workers Compensation Instruction sheet or provide one from the website [www.mcsip.org](http://www.mcsip.org) regardless of the employees' decision to utilize the program.
- C. Employees have fifteen (15) days from the date of injury to decide to participate in the program.
- D. Medications prescribed to an employee who is injured or temporarily disabled in the line of duty are paid for through the *MCSIP* Pharmacy Benefit Program.
  - (1) Employees may call *the designated provider* or visit [www.mcsip.org](http://www.mcsip.org) to locate a network pharmacy and obtain *an* instruction sheet.
  - (2) If a claim is eventually denied, payment for subsequent prescriptions is the responsibility of the employee.
  - (3) The Pharmacy Benefit Program is available to employees whether they participate in the Managed Care Program or not.

#### VI. **Distribution of Reports and Photographs**

- A. All required reports and documentation must be submitted to the Chief Deputy via the chain of command in accordance with General Operational Procedure 3.11, Incident Report Writing. The initial packet submitted should include, *if applicable*:
  - (1) An Employer's First Report of Injury/Illness/*Exposure*.
  - (2) A State of Maryland Motor Vehicle Accident Report or investigating agency report.
  - (3) The appropriate MCP event or investigating agency report.
  - (4) A Liability Accident Notice (Not Motor Vehicle) or Motor Vehicle Accident Notice.
  - (5) An Incident Report (MCSO9).
  - (6) A Memorandum of Notification (MCSO13).
  - (7) Any photographs taken.
- B. Some reports or documentation may not be available to the reporting employee prior to the end of their tour of duty, therefore any additional reports or documentation received after the submission of the initial packet must be forwarded for inclusion with the Incident Report (*MCSO9*). A *subsequent* Memorandum of Notification (MCSO13) *must be executed with the employee when additional documentation is submitted*.

- C. *All incidents involving damage to a Sheriff's Office vehicle, injury to an employee or damage to Sheriff's Office property must be documented. The Chief Deputy must send copies of all reports, excluding Memorandums of Notification, Internal Investigation Notification Forms, and Employer's First Report of Injury/Illness/Exposure to the Division of Risk Management.*
- D. *The Chief Deputy will forward copies of the Incident Report (MCSO9), Motor Vehicle Accident Report and photographs to the Vehicle Maintenance Officer (VMO) if the incident involves damage to a Sheriff's Office vehicle.*

**VII. Division Captain's Responsibilities**

If a Sheriff's Office vehicle is damaged or vandalized, and as a result, an arrest is made, restitution for the damage may be ordered by the Court. The Division Captain must contact the Vehicle Maintenance Officer (VMO) and obtain an estimate of the damage. This information must be supplied to the State Attorney's Office via memorandum as soon as possible. A copy of the memorandum must be forwarded to the Chief Deputy for inclusion with the Incident Report.

**VIII. Vehicle Maintenance Officer (VMO)**

The VMO is responsible for coordinating with the County's maintenance shop for the repairs of damaged Sheriff's Office vehicles.

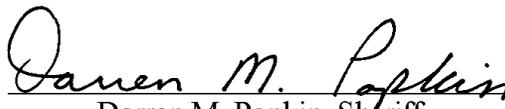
**IX. CALEA Standards**

22.2.2.c, 22.2.2.d

**X. Cancellation**

This directive cancels and replaces General Orders/Personnel Procedures 2.14, Effective Date: *11/18/08*.

AUTHORITY:

  
Darren M. Popkin, Sheriff  
09/09/2015