



REPORTING OF INJURIES, DISEASE, ACCIDENTS, AND COLLISIONS

FC No.: 350

Date: 05-09-03

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I. Reporting Responsibility

A. Employees

- 1. Employees shall report accidents, collisions, and injuries immediately to their supervisor, **or if unavailable, another on-duty supervisor or executive officer. This includes suspected injuries, regardless of severity.**
- 2. Employees shall make no statements at the scene in regard to liability or fault for any motor vehicle collision or general liability accident involving either bodily injury or property damage. Only the County Attorney and the contracted third party claims administrator are authorized to accept liability on behalf of Montgomery County.
- 3. When a police vehicle is damaged and an arrest is made, the court may award restitution to the department. The officer should contact the fleet manager and obtain an estimate of the damage (refer to FC 421.C, “Vehicle Maintenance/Care.”) This information should be supplied to the State’s Attorney’s Office. The Maryland Division of Parole and Probation will ensure that restitution occurs, if so ordered by the court.

B. Supervisors

- 1. Once supervisors are notified of an accident, collision, or injury, they shall ensure the completion of all required reports indicated in section II of this directive, **PRIOR** to the end of their tour of duty. For incidents handled by the Collision Reconstruction Unit, the MSP 1, “Maryland Accident Report,” and the MCP 611, “Accident Survey Report,” will be completed once the investigation is complete. Supervisors will submit the reports to their immediate supervisors.
- 2. Whenever a report is initiated for any incident involving a collision, damage, or vandalism to a police vehicle, copies of the report must be sent by the supervisor directly to the department’s fleet manager and to the Division of Risk Management,

- Department of Finance. It will be noted in the supervisor’s report that this was done.
- 3. All original reports should be received by Risk Management no later than 10 days after the completion of the investigation of the incident/accident/collision.
- 4. Supervisors are reminded that when gathering information for their report, **an MCP 242, “Internal Investigation Notification Form,” may be necessary in some cases. An MCP 242 need not be served in those instances where there is no reasonable belief of fault or other rule violations attributable to the police officer driver. If there is a reasonable belief of fault or other rule violations, or if there is doubt on these issues, an MCP 242 should be served upon the officer.**
- 5. Whenever an injury on the job is reported, the MP C1, “Employee’s Claim Form – Workers’ Compensation Commission,” shall be **attached to the Supervisor’s Investigative Incident Report (SIIR) and provided** to the employee. **Employees are not required to sign or attest to the SIIR form.**

II. Required Departmental Reports

Supervisors will ensure that two copies of the below listed reports are completed and forwarded as prescribed in each bureau’s respective SOP. In traffic collision cases, supervisors will forward one additional package to the traffic sergeant in the district of occurrence for use by the Collision Review Committee. **Within 24 hours of being notified of an employee work-related injury/illness**, the investigating supervisor will transmit by telephone the required information for the SIIR and the Employer’s First Report of Injury/Illness.

A. Injury to Police Employee Not Involving a Police Vehicle

- 1. SIIR (**1-888-606-2562**)
- 2. Employer’s First Report of Injury/Illness (**1-888-606-2562**)
- 3. MCP 37, “Use of Force Report” (if appropriate)
- 4. Event Report (if required)

B. Damage to County Vehicle

- 1. Motor Vehicle Accident Notice
- 2. Event Report (if required)

C. Damage to County Property by Employee

- 1. Liability Accident Notice (Not Motor Vehicle)

- D. Damage to Other than County Property by Employee
1. Liability Accident Notice (Not Motor Vehicle)
- E. Vandalism to Police Property
1. Event Report
2. Liability Accident Notice (Not Motor Vehicle)
- F. Vandalism to Police Vehicle
1. Event Report
2. Motor Vehicle Accident Notice
- G. PIC (Police Employee Injured) - Police Vehicle
1. SIIR (***1-888-606-2562***)
2. Employer's First Report of Injury (***1-888-606-2562***)
3. MSP 1, "Maryland Accident Report"
4. MCP 611, "Accident Survey Report"
5. MCP 610, "Motor Vehicle Pursuit Report" (if a pursuit resulted in a collision)
- H. PDC - Police Vehicle
1. MSP 1, "Maryland Accident Report" (not required for damage occurring while using police "buddy bumpers," unless the investigating supervisor determines that there was negligence on the part of the operating officer)
2. MCP 611, "Accident Survey Report"
3. MCP 610, "Motor Vehicle Pursuit Report" (only if a pursuit resulted in a collision)
- I. Injury to Other than County Employee
1. Liability Accident Notice (Not Motor Vehicle)
2. ***Immediately notify Risk Management at (240) 777-8920***
- J. PIC/PDC Outside of the Officer's District
When an officer has a collision in a district other than the officer's assigned district/unit, the supervisor in the district of occurrence will ensure completion of the following reports and forward them to the involved officer's supervisor:
1. MSP 1, "Maryland Accident Report"
2. MCP 610, "Motor Vehicle Pursuit Report" (if necessary)
3. Employer's First Report of Injury/Illness (***1-888-606-2562***) (if the collision resulted in injury to any department employee)
4. SIIR (***1-888-606-2562***)
The involved officer's supervisor will:
1. Ensure the above reports are properly completed.
2. Complete an MCP 611, "Accident Survey Report."
3. Ensure appropriate distribution of the complete report package.
- III. **Employer's First Report of Injury/Illness Form/SIIR**

- A. When an injury, illness, or exposure is reported, the supervisor should ensure that the injured employee receives the necessary care to stabilize the injury. ***For bloodborne exposures, employees should refer to FC 349, "Bloodborne/Airborne Pathogens." Employees are encouraged to utilize the following immediate care facilities, as appropriate, for treatment of minor injuries and airborne exposures:***
1. ***Briggs Chaney Medical Center***
13823 Outlet Dr.
Silver Spring, MD
(301) 890-8000
2. ***Medical Access***
19504 Amaranth Dr.
Germantown, MD
(301) 428-1070
3. ***Secure Medical Care of Gaithersburg***
803 Russell Ave.
Gaithersburg, MD
(301) 869-0700
4. ***Shady Grove Family Health Care***
14800 Physician's Ln., Suite. 131
Rockville, MD
(301) 251-9800
- B. Supervisors must report work-related injuries, illnesses, and exposures ***prior to the end of their shift.*** The supervisor will call ***1-888-606-2562***, regardless of the time of day, to report the incident. A telephone reporting service contracted by Risk Management will obtain the necessary information from the supervisor and will complete the Employer's First Report of Injury/Illness ***and SIIR*** forms. The reporting service will then mail or fax a copy of the report to the supervisor, who must then ensure appropriate dissemination, ***including providing one to the employee. Employees are not required to sign or attest to the SIIR form.***
- C. ***Union members have the right to union representation.***
- D. If possible, the supervisor should explain the Managed Care Program to the employee. The supervisor should then ask the employee if the employee intends to utilize the program.
- E. Depending on the employee's response, the supervisor will provide the additional information as follows:
1. If the employee who is temporarily disabled in the line of duty chooses to participate in the program, give the employee an ***Employee Managed Care Enrollment Card, the TMESYS Pharmacy Benefit Form***, and the names of the local physicians provided by the hotline operator. All bills for medical care will automatically be sent to the third party claims service. ***All bills will be paid up to the date a decision is made that the***

claim is or is not payable by MCI. Employees who participate in the program will be paid the difference between their normal county salary and the amount received under the Worker's Compensation Law for a maximum of 18 months.

2. If an employee who is temporarily disabled in the line of duty chooses not to participate in the program, the employee may select any physician to treat the injury. The county will pay the employee the difference between their normal county salary and the amount received under the Worker's Compensation Law for a maximum of 12 months (18 months for FOP bargaining unit members).
3. If the disability status is denied by the claims service, the employee's pay or leave balance shall be adjusted. (FOP bargaining unit members will have their leave/pay adjusted pursuant to Article 17 of the collective bargaining agreement.)
4. ***As appropriate, refer the employee to the Ill and Injured Officers Network for employee support at (301) 840-6195.***

F. Fatal/Serious Injuries to County Employee

Whenever any accident/collision results in fatal or serious injuries to any county employee, the investigating officer shall immediately direct ECC to notify Risk Management or the on-call Safety Section Employee.

IV. **Unit Commander's Responsibility**

The unit commander shall complete, ***or ensure supervisors complete***, the MCP 552, "Memorandum of Notification," in those cases that fall under sections II.A, B, C, D, G, H, and J. The original is given to the officer, one copy remains at the station level, and one copy is forwarded along with the package.

V. **Workers' Compensation Procedures**

- A. It is the employee's responsibility to file injury claims with the Workers' Compensation Commission (WCC). ***The first report of injury does not constitute the filing of a Worker's Compensation claim.*** If the injury causes the employee to miss more than three days on the job, the MP C1, "WCC Claim Form," must be completed. Employees must file all claims within two years of the injury or risk losing the right to compensation for those injuries. Submission of the MP C1 is not required when the injury prevents the employee from working three days or less. However, doing so in all injury cases (regardless of the number of days off the job) will protect an employee's benefits under the compensation law in the event the effects of the injury surface at a later date.
- B. Procedures for Filing a Claim

Whenever an injury on the job is reported, the MP C1, "Employee's Claim Form – Workers' Compensation Commission," shall be attached to the Supervisor's Investigative Incident Report (SIIR) and provided to the employee.

1. Complete the MP C1. Blank forms are available at each district station, Headquarters, and the training academy.
2. Obtain medical documentation of the injury.
3. Submit the injury claim form to the WCC.
4. Mail photocopies of the injury claim form and medical documentation to the third party claims service.
5. Upon certification by the employee's district/unit commander and approval by the Chief of Police, that an employee is absent due to service-connected injury/ illness, the employee shall immediately be placed on administrative leave until a determination concerning eligibility for compensation has been made by the Division of Risk Management.

VI. **Photographs**

Photographs taken of police vehicles involved in collisions and/or other related incidents will be collected and stored pursuant to department policy. An additional set of Polaroid photographs, depicting the incident scene and vehicle damage, should be forwarded to Risk Management along with copies of the required departmental reports. Do not send undeveloped film to Risk Management.

VII. **Proponent Unit:** Management and Budget Division

VIII. **Cancellation**

This directive cancels Function Code 350, dated 04-07-00 and Headquarters Memorandum 00-07.



William O'Toole
Acting Chief of Police

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