



REPORTING OF INJURIES, DISEASE, ACCIDENTS, AND COLLISIONS

FC No.: 350

Date: 01-15-21

If a provision of a regulation, departmental directive, or rule conflicts with a provision of the contract, the contract prevails except where the contract provision conflicts with State law or the Police Collective Bargaining Law. (FOP Contract, Article 61)

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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 ***regarding*** 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. ***Employees should direct all claimants to call MC 311(240-773-0311) or initiate a claim online at www.montgomerycountymd.gov.***
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 Management Section*** 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 Automated Collision Reporting System (ACRS) collision 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 ***email to MCP Vehicle Damage (or the Fleet Management Section)*** and to ***the claims service*** by the supervisor. ***See the www.mcsip.org and www.caremc.com website for further details on reporting property and liability claims.*** It will be noted in the supervisor's report that this was done. ***(Risk Management requires all supervisory signatures on this form (MCP 611) prior to work being completed on vehicles.)***

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 supervisor will complete a First Notice of Loss (FNOL) by calling 888-606-2652 or initiating a claim via the website www.caremc.com.

Supervisors shall forward a copy of the claim report to the injured employee upon receipt.

II. Required Departmental Reports

Supervisors will ensure that two copies of the below listed reports are completed and forwarded as prescribed in each **section**. 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. *If the collision occurs out of the county, the package is to be forwarded to the 1st District traffic Sergeant. If the employee involved is not assigned to a district, the package is to be forwarded to the Collision Reconstruction Unit Sergeant.* Within 24 hours of being notified of an employee work-related injury/illness, the investigating supervisor will transmit by telephone **or email** the required information for the Employer's **First Notice of Loss** Report of Injury/Illness **to the claims service**.

- A. **Injury to Police Employee Not Involving a Police Vehicle**
 1. ***First Notice of Loss***/Employer's First Report of Injury/Illness (1-888-606-2562) **or the internet site www.caremc.com**
 2. MCP 37, "Use of Force Report" (if appropriate)
 3. ***Incident*** Report (if required)
- B. **Damage to County Vehicle**
 1. Motor Vehicle Accident Notice
 2. ***Incident*** 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. ***Incident*** Report
 2. Liability Accident Notice (Not Motor Vehicle)
- F. **Vandalism to Police Vehicle**
 1. ***Event Incident*** Report
 2. Motor Vehicle Accident Notice
- G. **PIC (Police Employee Injured) - Police Vehicle**
 1. Employer's ***First Notice of Loss/Report*** of Injury (1-888-606-2562) **or the internet site listed above**
 2. ***ACRS Collision Report***
 3. MCP 611, "Accident Survey Report"
 4. MCP 610, "Motor Vehicle Pursuit Report" (if a pursuit resulted in a collision)

H. PDC - Police Vehicle

1. ***ACRS Collision 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/Outside of the County

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. ***ACRS Collision Report***
2. MCP 610, "Motor Vehicle Pursuit Report" (if necessary)
3. Employer's ***First Notice of Loss/First Report of Injury/Illness*** (l-888-606-2562) (if the collision resulted in injury to any department employee)

The involved officer's supervisor will:

1. Ensure the above reports are properly completed.
2. Complete an MCP 611, "Accident Survey Report."
3. ***Complete a MCP 552, Memorandum of Notification Form***
4. Ensure appropriate distribution of the complete report package.
5. ***If the collision occurs outside of the county, the package is to be forwarded to 1st District Traffic Sergeant.***

III. ***Employer's First Notice of Loss/First Report of Injury/Illness Form***

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 injuries and airborne exposures:

1. ***Shady Grove Adventist Hospital Emergency Room***
2. ***Holy Cross Hospital Emergency Rooms -***
(this includes Holy Cross Silver Spring and GEC-Germantown)
3. ***Suburban Hospital Emergency Room***
4. ***Washington Adventist Hospital Emergency Room***
5. ***Montgomery General Hospital Emergency Room***
6. Medical Access
19504 Amaranth Dr.
Germantown, MD
(301) 428-1070
7. The officer's ***preferred*** medical physician, *(for injuries in blood and air-borne pathogens it is recommended that the physician be knowledgeable in Bloodborne Pathogens and infectious disease treatment; therefore, emergency room care is preferred for blood and air-borne pathogen treatment.)*

B. Supervisors must report work-related injuries, illnesses, and exposures and 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 First Notice of Loss or the*** Employer's First Report of Injury/Illness ***The supervisor may use the internet site www.caremc.com to report a claim. The employee may request a copy of their claim by contacting the claims service.***

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 ***First Fill Card***, 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 ***(240) 876-5171***.

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. The first report of injury ***or First Notice of Loss*** 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 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 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 ***the supervisor will ensure to:***

1. ***Complete the First Notice of Loss (FNOL) via the internet, www.caremc.com or via telephone, 1-888-606-2562 to the claims service.***
2. ***Provide the employee with a Bloodborne Pathogens Exposure Control Plan, or BBP Packet.***
3. ***Provide the employee with a claims service number and a First Fill card number for prescriptions when available.***
4. 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. Photographs depicting the incident scene and vehicle damage should be forwarded ***via email to the Deputy Director of the Traffic Division for the Collision Review Committee and via email to Risk Management*** along with copies of the required departmental reports.

VII. ***CALEA Standards: 4.2.1, 4.2.2, 4.2.4, 22.1.3, 22.1.5, 26.3.5, 35.1.9, 46.1.2, 46.1.3, 46.1.6, 46.1.7, 82.2.1, 82.2.2, 83.2.1, 83.2.4, 83.2.6, 84.1.1***

VIII. Proponent Unit: Management and Budget Division ***and Policy and Planning Division***

IX. Cancellation: ***This directive cancels Function Code 350, dated 05-09-03.***



Marcus G. Jones
Chief of Police