

**Facility  
Directive**



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**Approved By:  
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<b>Title: General Guidelines When Involved in a Vehicle Collision with an IID Vehicle</b>	<b>Facility Directive Number: IID.020.0005</b>
<b>Related MD Statute/Regulations:</b> MD Correctional Services Article, §10-701, Annotated Code of Maryland; DPSCS Directive ADM.020.0008; DBM State Policies and Procedures for Vehicle Fleet Management and Drivers of State Vehicles	<b>Supersedes:</b> N/A
<b>Related ACA Standards:</b> N/A	<b>Authorized By:</b> <i>Mark J. Carter</i> <b>Executive Director Mark J. Carter</b>
<b>Related MCCS Standards:</b> N/A	<b>Effective Date:</b> March 2, 2015 <b>Number of Pages:</b> 3

**.01 Purpose.**

This document establishes procedures for a Department of Public Safety and Correctional Services (Department) Intelligence & Investigative Division employee involved in a vehicle collision while operating an IID Agency or Department vehicle.

**.02 Scope.**

This directive applies to an IID employee involved in a vehicle collision while operating an IID Agency or Department motor vehicle.

**.03 Policy.**

- A. An IID employee operating an IID Agency or Department motor vehicle shall comply with the guidelines set forth in this directive for handling, reporting, and documenting a motor vehicle collision.
- B. An IID employee involved in motor vehicle collision with an IID Agency or Department motor vehicle shall comply with Department and DBM Procedures for Vehicle Fleet Management and Drivers of State Vehicles.

**.04 Authority/Reference.**

- A. Maryland Correctional Services Article, §10-701, Annotated Code of Maryland.
- B. Secretary's Department Directive DPSCS.010.0017 dated November 26, 2013.

**.05 Definitions.**

- A. In this document, the following terms have the meanings indicated.
- B. Terms Defined.

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- (1) "IID employee" means a Department employee permanently assigned to, or on special assignment to assist the IID who has the authority to operate an IID Agency or Department motor vehicle.
- (2) "Supervisor" means an any employee of the IID with the rank of Detective/Lieutenant, Detective/Captain, or Director with the responsibilities specified under Correctional Services Article, §10-701(a)(3), Annotated Code of Maryland and the Governor's Executive Order 01.01.2003.13
- (3) "Motor vehicle" has the meaning stated in Transportation Article, §11-135, Annotated Code of Maryland.
- (4) "PHH" or "Element Fleet Management-Accident Management P.O. Box 22543 Baltimore, Maryland 21203; Contact number 1-800-638-7900" means the insurance contractor or insurer for State of MD motor vehicles.
- (5) "Official Report" means a detailed report on IID Letterhead that is directed to a Supervisor and from the IID employee who was involved in the vehicle collision.

**.06 Responsibility/Procedure.**

- A. An IID employee involved in a vehicle collision with an IID Agency or Department motor vehicle shall comply with the general guidelines:
  - (1) Stop as near to the scene of the collision as safely as is practical to avoid blocking traffic and to minimize potential danger to the IID employee and others.
  - (2) Assess the situation to determine injuries to any individual involved in the motor vehicle collision.
  - (3) Notify the appropriate emergency medical and or fire/rescue personnel
  - (4) Notify the appropriate local or state Law Enforcement Agency to have a Police Officer respond to the scene of the motor vehicle collision to:
    - (a) Prepare a formal report regarding the vehicle collision. The IID employee shall obtain the name of the responding Police Officer and or preparer of the formal report along with the report number associated with the formal report.
    - (b) Execute the exchange of identification and information between all individuals involved in the motor vehicle collision.
  - (5) DO NOT admit to negligence or fault or offer any settlements.
- B. An IID employee involved in a vehicle collision with an IID Agency or Department motor vehicle shall follow the general guidelines when reporting and documenting the motor vehicle collision:
  - (1) The IID employee shall contact a Supervisor as soon as possible to provide the details of the motor vehicle collision.

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- (2) Take photographs of the following:
  - (a) The IID Agency or Department vehicle to depict any damage and the license plate.
  - (b) Any other motor vehicles involved in the collision to depict damage and the license plate.
  - (c) Any property that was damaged as a result of a motor vehicle collision.
  - (d) The scene or location where the motor vehicle collision occurred.
- (3) The IID employee shall contact PHH/Element Fleet Management to provide the details regarding the motor vehicle collision and to obtain an insurance claim number.
- (4) The IID employee shall prepare an Official Report on IID Agency Letterhead and directed to their immediate Supervisor. The Official Report shall be prepared as soon as possible, but no later than by the end of the IID employee's shift. The Official Report shall adhere to the following format and contain the following information:
  - (a) Date of the report.
  - (b) Who the report is authored to, i.e. the name of their immediate Supervisor.
  - (c) Who the report is authored by, i.e. the name of the IID employee.
  - (d) Subject of Investigation indicating what the report is in reference to.
  - (e) Details of the motor vehicle collision to include the following:
    - (i) Date and time the motor vehicle collision occurred.
    - (ii) The location where motor vehicle collision occurred.
    - (iii) The identification of the IID Agency or Department vehicle to include the license plate number, year, make, and model of the vehicle.
    - (iv) Detailed information about the motor vehicle collision.
- (5) The IID employee shall complete all required Department and PHH/Element Fleet Management reports within forty-eight (48) hours from the time the motor vehicle collision occurred.

**.07 Attachments.**

Motor Vehicle Accident Investigation Guide (Form FS-1)

**MOTOR VEHICLE ACCIDENT INVESTIGATION GUIDE (FORM FS-1)**

**THIS SECTION TO BE COMPLETED BY DRIVER**

1. State Agency/Department: \_\_\_\_\_ 2. Agency Budget Code: \_\_\_\_\_  
3. Driver's Name: \_\_\_\_\_ 4. Unit/Section: \_\_\_\_\_  
5. Classification: \_\_\_\_\_ 6. Date & Time of Accident: \_\_\_\_\_  
7. Location of Accident: \_\_\_\_\_ 8. Driver's License #: \_\_\_\_\_

9. Conditions (Please circle all that apply):

Daylight	Clear	Wet
Dawn	Cloudy	Ice
Dusk	Foggy	Vehicle Defect Specify: _____
Dark (street lights on)	Rain	Unknown
Dark (street lights off)	Snow	
Dark (no street lights)	Severe Wind	

10. Accident Investigation Information:

- a. State Police                     Yes         No  
b. Local Police                    Yes         No

b. Were citations issued to:

- (1) State Driver                 Yes         No  
(2) Other Driver                 Yes         No

11. Was State driver/passenger injured?     Yes         No  
Were restraints in use?                         Yes         No

12. Detailed Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagram: Below

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13. Insurance Information for Other Vehicle:

Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
State Vehicle Tag # of other vehicle: \_\_\_\_\_