COMPLETION OF THE FDOC COLLISION NOTIFICATION FORM (FOC-1)

1.   INTRODUCTION

1.1   The purpose of this form is to gather the information necessary to provide a timely notification to the Fire Department Operation Center of an apparatus collision/incident.

1.2   The *Fire Operations Center Collision Notification* (FOC-1) shall be prepared by the Chief Officer/EMS Officer dispatched to investigate the collision/incident.

1.3   The FOC-1 may be prepared at the collision/incident scene.   The investigating Chief/EMS Officer shall type or print neatly, using a black ball point pen. **Reports Must Be Legible. Illegible and/or Incomplete Reports Will Be Returned.**

2.   REPORT IDENTIFICATION INFORMATION

2.1   DATE - enter numerically, the month, day, and the year the collision took place, (i.e. mm/dd/yyyy).

2.2   TIME - enter the time the collision/incident occurred, expressed in military time.

2.3   BOROUGH - enter the borough in which the collision/incident occurred, Manhattan - MN, Bronx - BX, Brooklyn - BK, Queens - QN, Staten Island – SI or Other for outside the City.

2.4   CLASSIFICATION - indicate whether the event was an incident, a collision or a major collision.

2.5   FIRE BOX NO. - enter the box number you were assigned to when the collision/incident occurred, if any.

2.6   EMS CAD NO. - enter the CAD number you were assigned to when the collision/incident occurred, if any.

2.7   SEGMENT - enter the EMS Segment Type/Priority of the collision/incident, if applicable.

2.8   ADDRESS OF OCCURRENCE - enter the name or number of the street on which the collision/incident occurred.

- If the collision/incident occurred on a street or highway on which houses or businesses are numbered, enter the nearest address to the collision/incident scene, (i.e. IFO (in front of) 415 W. 32nd St).

- If no house numbering system exists, attempt to indicate a reference point that could be used to locate the collision/incident, (i.e. on a major highway provide direction of travel and nearest exit or mile marker).

- For intersection collisions/incidents provide the cross streets.

- For collisions/incidents which occurred outside the five boroughs, include the county and state.

2.9   COMMUNITY BOARD – enter the Community Board in which the collision/incident occurred which can be found using the link http://maps.nyc.gov/doitt/nycitymap/

3.   VEHICLE # 1 (FDNY APPARATUS)

3.1   PLATE/VEHICLE # - enter the license plate number of the apparatus.

3.2   FD REGISTRATION # - enter the FDNY registration number (i.e. SL9701H).

3.3   VEHICLE TYPE - Enter the vehicle type from the list below.

Vehicle Type	Description
Ambulance	
ATV	4 Wheel
Bus	MRTU, MERV
ASAP type vehicle or RR ATV	
Rearmount	Ladder
Tiller	Ladder
Tower	Ladder
Mobile Collapse Command Center	Collapse Rescue Truck
Pumper	Engine
Ranger	
Scooter	
Sedan	
SUV	4 x 4 4 door
Suburban	
Trailer	Cargo, Brush Fire, Bucket, Carrier ATV, Collapse De-Watering, Decontamination Center, Delivery, Dump (Rack), Field Comm, Flatbed, Fuel Tanker, Hazmat, Hi Rise 1, HMTU Hazmat, Hose Wagon, Incident Management Vehicle, LSU, Marine Incident Rescue Truck, MSU, Piggyback Forklift, Rack, Rebreather, Rescue, Rescue High-Water, Rescue Tac 1, Rodding, Salt Spreader, Sand Unit, Sat Maxi-Water, SCUBA, SOC Rail Truck, Squad 2nd Piece, Swift Water Rescue Truck, Thaw, Tilt Body Containers, Tire Repair, Tire Repair Hybrid, Tow, Tractor, Tractor Decon, Utility, WMB Box, Wrecker, 4 x 4, Field Com, 12 Passengers, 14' Step HMTU Support (Trailers attached to a trailer hitch)
Truck Pick Up	
Van	15 passenger, 8 passenger, Cargo, Chem Pak, Medical Transport, Mini, Splicing, Sprinter, Step, Step MCU, Surveillance, Swift Water Rescue, Utility, Wheelchair Carrier

3.4   UNIT - enter the Fire Department unit designation of the apparatus involved in the collision/incident or the bureau to which the apparatus is assigned (i.e. E222, L101, 18Y1, C081).

4.   VEHICLE #2

4.1   PLATE # - enter the license plate number of the vehicle.

4.2   STATE – enter the two digit abbreviation for the State where the license plate was issued.

4.3   YEAR - enter the year of vehicle's manufacture (i.e. 2013).

4.4   MAKE/MODEL - enter the name of the vehicle's manufacturer and model.

4.5   VIN # - enter the vehicle identification number as it appears on the dashboard plate, visible through the driver's side of the windshield.

4.6   INSURANCE COMPANY NAME - enter the insurance company name from the insurance identification card.

4.7   INSURANCE POLICY # - enter the insurance policy number from the insurance identification card.

5.   VEHICLE 1 PERSONNEL

5.1   # OF OCCUPANTS – enter the number of occupants in vehicle 1.

5.2   LAST NAME - CHAUFFEUR/DRIVER   FIRST NAME   MI
        – enter the Chauffeur's/Driver's full name as it appears on his/her driver's license.

        A.   If the member uses a different name for Department business, enter that name in the DESCRIPTION OF ACCIDENT section.

5.3   RANK/ TITLE - enter the Chauffeur/Driver's rank/title.

5.4   ASSIGNED UNIT - enter the unit to which the Chauffeur/Driver is regularly assigned.

5.5   BADGE # - enter the Chauffeur's/Driver's badge number, if appropriate.

5.6   CITY START DATE – enter the Chauffeur's/Driver's start date of City employment. (i.e.: mm/dd/yyyy).

5.7   REGULAR/RELIEF etc – enter if Chauffeur/Driver was regularly assigned to drive. (Regular, Relief, Company Trained, Detail/OT, other).

5.8   Complete the information required concerning the Officer and Tillerman in the same manner as described above.

5.9   The Chauffeur, Officer, and Tillerman spaces shall be completed even if the apparatus is unoccupied at the time of the collision/incident.

5.10   If there is no Officer or Tillerman on duty with the unit at the time of the collision/incident, enter a dash in the space provided for LAST NAME.

5.11   The two top lines of the FOC-1, and those areas under the headings VEHICLE 1 and Vehicle 1 FDNY Personnel provide for information about the apparatus and members of one Fire Department unit. Therefore, additional forms are required to identify apparatus and members of other units in the event two or more apparatus collide.

(e.g. Engine 6 and Engine 8 collide. The Battalion Chief completes the entire FOC-1 for E8 with the exception of the Vehicle 2 and Vehicle 2 Personnel boxes for Engine 6. The Battalion Chief will prepare a second FOC-1 for Engine 6. All fields on the second FOC-1 must be completed with the exception of Vehicle 2 and Vehicle 2 Personnel boxes).

6.   VEHICLE 2 PERSONNEL (PEDESTRIAN, BICYCLIST)

6.1   The VEHICLE 2 Personnel section pertains to the driver and owner of vehicle 2. Information should be accurately copied from the driver's license and vehicle registration, when possible. Identification of two pedestrians or bicyclists can be entered in these spaces. In such cases, omit license and vehicle information.

6.2   If the apparatus collision/incident involves more than one civilian vehicle, or more than two pedestrians or bicyclists, or a combination of civilian vehicles, pedestrians or bicyclists, one or more additional forms will be necessary.

6.3   # OF OCCUPANTS - enter the number of occupants in the vehicle, including the driver.

6.4   SUMMONS ISSUED - indicate if summons was issued. (Yes/No)

6.5   AGENCY - indicate the Agency that issued the summons. (NYPD/FDNY)

6.6   PROPERTY DAMAGE - check if property, other than a vehicle, was damaged. Add the explanation in the Description of Collision box.

6.7   DRIVER'S NAME AND ADDRESS - enter Driver's information as it appears on the driver's license.

   6.7.1   PEDESTRIANS - BICYCLISTS - Cross out the words DRIVER and OWNER and enter the abbreviation *PED* if the data applies to a pedestrian, or *BIC* if a bicyclist. List the name, address, date of birth, and sex of the pedestrian or bicyclist in the spaces provided for vehicle 2 driver and owner information. If a second pedestrian or bicyclist is involved, enter their information in the LAST NAME OWNER spaces, record the date of birth in the space beneath the Vehicle #2 Personnel Box. Place a dash in the boxes that don't apply to the situation.

6.7.2. MORE THAN ONE CIVILIAN VEHICLE - if more than one civilian vehicle is involved, include information about each additional vehicle. Complete an additional FOC-1 to record additional vehicles. Change the heading VEHICLE 2 to read VEHICLE 3 (or 4, 5, etc.).

6.7.3 CIVILIAN VEHICLE AND PEDESTRIAN OR BICYCLIST - if a civilian vehicle and a pedestrian or bicyclist is involved in an apparatus collision/incident, record the civilian vehicle information on the FOC-1 and the bicyclist or pedestrian information on a separate FOC-1. Record only the information not contained on the first FOC-1 and complete as directed in Section 6.7.1, PEDESTRIANS - BICYCLISTS.

6.7.4 TWO APPARATUS AND A CIVILIAN VEHICLE - record one apparatus and the civilian vehicle on one FOC-1 and the second apparatus on an additional FOC-1. The second apparatus is designated *VEHICLE 3*.

6.8 DATE OF BIRTH - enter the date shown on the driver's license, numerically (i.e. mm/dd/yyyy).

6.9 SEX - enter M for male and F for female.

6.10 DRIVER'S LIC # - enter the driver's license number as it appears on the license.

6.11 STATE - enter the state in which the driver's license was issued.

6.12 OWNER'S NAME AND ADDRESS - enter the owners name and address as it appears on the registration. If the driver is also the owner, and the license and registration indicate similar information, print DRIVER in the space titled LAST NAME OWNER 2 and omit owner information on the next two lines.

NOTE: Request Police assistance if major discrepancies are noticed in the license and registration documents, plate, year, make, etc.


7. LIST ALL INJURED

7.1 VEH # - identify which vehicle each person occupied. If the person was riding in vehicle 1, or 2, etc., use that number to identify the vehicle.

7.2 NAME - enter the name (first and last) of all persons involved.

7.3 RIDING POSITION - enter the riding position of each person. Position numbers one through six cover most passenger cars, while position numbers one through eight cover apparatus riding positions with eight being the Tillerman. Number nine is used for undesignated positions in station wagons, buses, trucks, etc. This box does not apply to pedestrians/bicyclists.
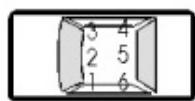
AUTO/SUBURBAN   **AMBULANCE/RESCUE**   **ENGINE/LADDER / ETC**
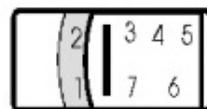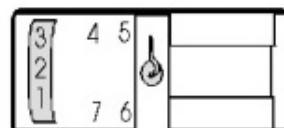
7.4   SEAT BELT USED – enter if seat belt was used. (Yes/No)

7.5   AIR BAG DEPLOYED – enter if air bag was deployed. (Yes/No)

7.6   FATALITY - enter if occupant was fatally injured. (Yes/No)

7.7   NATURE OF INJURY - enter the condition that is most obvious. If a victim suffers
       multiple injuries, enter "*multiple injuries*".

7.8   TRANSPORTED TO - if injured persons were removed to a hospital, insert the name of
       the hospital. If injured members are taken to quarters, enter QTRS; to the Medical
       Office, enter M.O.

7.9   MEDICAL LEAVE – enter if member was granted medical leave due to an injury.
       (Yes/No)

8.   COLLISION DETAILS

8.1   TYPE OF RESPONSE - indicate whether unit was responding to an emergency,
       modified response (emergency) or non-emergency.

8.2   LIGHTS - indicate whether emergency lights were on at the time of the collision/incident
       (YES/NO).

8.3   SIRENS - indicate whether emergency siren was on at the time of the collision/incident
       (YES/NO).

8.4   GUIDE PERSON USED – indicate if a guide person was assisting the chauffeur/driver at
       time of collision. (Yes/No)

8.5   APPARATUS TOWED- indicate if the apparatus was towed from scene (YES/NO).

8.6   APPARATUS STATUS - indicate whether apparatus was in or out of service after the
       collision/incident. (in service or out of service - IS/OS)

8.7   VEHICLE 1 APPRAISED- indicate whether or not vehicle 1 can be appraised at quarters
       or another location. Indicate the location if not at quarters.

8.8   DESCRIPTION OF DAMAGE TO VEHICLE 1- briefly describe the damage to vehicle 1
       which was caused by this collision/incident.

8.9   APPARATUS MODE - check the box which indicates the apparatus mode at the time of the collision/incident.

☐ Returning   ☐ Operating at hospital
☐ In Quarters   ☐ Operating at incident/Assignment
☐ Responding to hospital   ☐ Parked
☐ Responding to incident / Assignment   ☐ Other

8.10   UNIT ACTIVITY - check the box which indicates the unit activity at the time of the collision/incident.

☐ Assigned to Emergency Response   ☐ Inspections (Not BISP)
☐ Chauffer Training   ☐ Available
☐ Training (Not Chauffer Training)   ☐ Administrative Duties
☐ BISP Inspections   ☐ Other

8.11   TRAFFIC CONTROL - check the box which indicates which traffic control device(s) were present.

☐ None   ☐ Yield
☐ Traffic Light   ☐ Traffic Agent
☐ Stop Sign   ☐ Other
☐ Flashing Light

8.12   ROAD CONDITIONS - check the box which indicates road conditions at the time of collision/incident.

☐ Dry   ☐ Muddy
☐ Wet   ☐ Slush
☐ Snow   ☐ Flooded
☐ Ice   ☐ Other

8.13   WEATHER CONDITIONS - check the box which indicates the weather conditions at the time of the collision/incident.

☐ Clear   ☐ Sleet/Hail/Freezing Rain
☐ Cloudy   ☐ Fog/Smog/Smoke
☐ Rain   ☐ Other
☐ Snow

8.14   DESCRIPTION OF COLLISION

8.14.1 State in simple language what occurred (i.e. "Vehicle 1 stopped suddenly to avoid a child in the roadway. " "Vehicle 2 struck Vehicle 1 in the rear.").

8.14.2 If the unit was responding to, operating at, or returning from an alarm/assignment at the time of the collision/incident, enter the box/CAD number in the description of collision.

8.14.3 The following information can also be entered in the description of the collision: police action, information concerning a driver or vehicle causing the collision/incident but not becoming directly involved in the collision, details of property damage, and any other information deemed to be pertinent and of value.

8.14.4 If additional space is needed for the description of collision, use Supplemental Form (SF-1), to complete the description. If the report requires more than one FOC-1, the collision description can be continued on the second page.

9.   DIAGRAM CODE

CIRCLE DIAGRAM CODE WHICH MOST CLOSELY DESCRIBES COLLISION/INCIDENT

REAR END	Side Swipe same direction	LEFT TURN	LEFT TURN	RIGHT TURN	RIGHT TURN	HEAD ON	SIDE SWIPE opp direction	RIGHT ANGLE	OTHER
1.	2	3.	4.	5.	6.	7.	8.	9.	10.
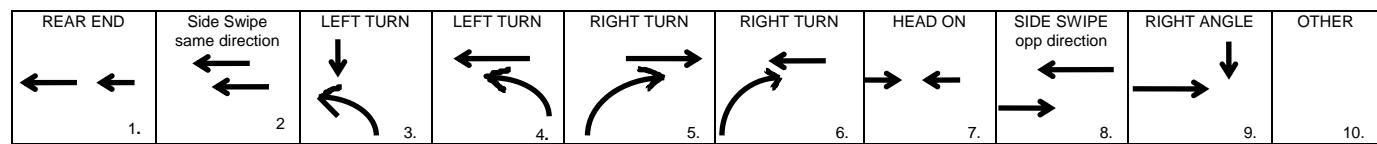
9.1   DIAGRAM CODE - Choose the code which most closely describes the collision/incident. Code #10 is to be used only when *OTHER* is chosen as the pre-collision/vehicle motion.

10.   CERTIFICATION OF MEMBER PREPARING REPORT

10.1   PREVENTABLE- the Investigating Chief/EMS Officer will indicate if in his/her opinion the collision/incident was preventable (YES/NO).

10.2   INVESTIGATED BY- Name (printed), rank/title of the member preparing the report is entered.

10.3   SAFETY CHIEF- Name (printed), rank/title of the Safety Chief that responded to the collision/incident or consulted with the Investigating Chief.

10.4   DIVISION CHIEF- Name (printed), rank/title of the Deputy/Division Chief that responded to the collision/incident or consulted with the Investigating Chief.

BY ORDER OF THE FIRE COMMISSIONER AND CHIEF OF DEPARTMENT

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