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ENGINEERING BULLETIN

NEW YORK STATE DEPARTMENT OF TRANSPORTATION

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SUBJECT: CONSTRUCTION DIVISION REVISED
ACCIDENT REPORTING SYSTEM FOR
CONSTRUCTION WORK ZONE ACCIDENTS

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EB-88-14

K.W. Shiatte, Deputy Chief Engineer, Construction

This Engineering Bulletin Expires _____

Engineering Bulletin 88-14 (8/15/88) set forth the basic requirements for reporting accidents involving construction work zones. Information on construction and work zone accidents involving the contractor (contractor and subcontractor employees), consultant inspection personnel, the traveling public, other private citizens, and Department employees is essential to keep executive management informed of developing situations, to define the scope of safety related problems, and to identify corrective action. This bulletin provides detailed instructions on reporting requirements, and specific forms to be used in meeting those requirements. Three specific categories of accidents are described, depending on severity and degree of involvement with Department construction activities. Reporting requirements and the level of detail required are specified for each.

The Engineer-in-Charge (EIC) remains a central figure in the accident reporting procedure, and will in most cases be responsible for initiating the process when an accident occurs. All inspection personnel -- both Department and consultant employees -- are responsible for notifying the EIC as soon as they become aware that an accident has occurred on the project. The Regional Construction Safety Coordinator (RCSC) is expected to assume responsibility for ensuring that the process is completed in a timely fashion, and that all reporting requirements are met. In this regard, it is suggested that the EIC notify the RCSC by phone as soon as possible after learning of an accident. The RCSC will then assume responsibility for notifying regional staff and the Main Office, and for coordinating preparation of the required reports. In the event the RCSC is not in the Regional office at the time of the accident, notification should be forwarded immediately to the appropriate construction supervisor or the RCE. The RCSC will then be informed as soon as possible thereafter. After normal office hours, the EIC must notify the Department Duty Officer by phone (518-457-6164) in the event of fatal or serious accidents, as described below under Initial Notification.

Both timeliness of the initial notification and the required level of reporting depend upon accident severity and the degree to which construction activities are involved. Accidents are classified into the following three categories, with notification and reporting requirements discussed in the table that follows:

CLASSIFICATION OF CONSTRUCTION ACCIDENTS

- Category I : (a) Any fatal or serious injury to DOT Construction Employee or (b) any fatal or serious injury to consultant or contractor employee if directly related to construction activity or (c) traffic accident resulting in fatal or serious injury if directly related to construction activity or M&PT
- Category II : (a) Injury requiring transport to hospital for DOT, consultant, or contractor employee directly related to construction activity or (b) traffic accident resulting in transport to hospital and directly related to construction activity or M&PT or (c) multi-vehicle (4 or more) traffic accident involving construction activity or M&PT, regardless of injuries or (d) any accident which had the potential to be fatal or result in serious injury.
- Category III: (a) Traffic accident within project limits resulting in a fatality or personal injury but not related to construction activity or within limits of active M&PT or (b) traffic accident involving M&PT or construction activity but not resulting in transport to hospital or (c) any construction related accident resulting in damage to private property or (d) all other injuries to DOT employees.

SUMMARY OF ACCIDENT CATEGORIES

<u>Parties Involved</u>	<u>Severity</u>	<u>REPORTING CATEGORY</u>	
		<u>Related to Construction or M&PT</u>	<u>Non-Related to Construction or M&PT</u>
DOT Employee	Fatal/Serious	I	I
	Hospital Transport	II	III
	Other Injuries	III	III
Contractor Employee/ Consultant Employee	Fatal/Serious	I	---
	Hospital Transport	II	---
	Other Injuries	---	---

Traffic Accident-	Fatal/Serious	I	III
Traveling Public or	Hospital Transport	II	III
Private Property	Other Injuries/		
Owner	No Injuries	III	---
	Multi-Vehicle		
	(4 or more)	II	---
	Damage to Private		
	Property	III	---
Potentially Serious or Fatal Accident			
Resulting from Construction Operations		II	II

---do not report

NOTIFICATION & REPORTING REQUIREMENTS

Form A - Initial Notification

- Category I - Notify Construction Division immediately during work hours (Bryden, Shiatte or Randles) by telephone (518-457-6472). During non-work hours notify DOT Duty Officer (518-457-6164) immediately, normally by the EIC or other project personnel.) Transmit Form A to Construction Division by FAX (518-485-8948) as soon as possible, but no later than the next work day following the accident.
- Category II - Transmit Form A to Construction Division by FAX as soon as possible, but no later than the next work day following the accident.
- Category III - Transmit Form A to Construction Division by FAX or mail within 5 work days following the accident

Form B or Form C - Detailed Report

- Category I - Submit completed Form B or Form C to Construction Division within 2 weeks of accident date. If Police Report or other data are unavailable, submit partial report including interim determinations to the extent possible. Follow up with completed report as soon as missing items are available. The RCSC will report to the accident site immediately upon notification to coordinate the investigation and preparation of the required documentation.

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Category II - Submit completed Form B or Form C to Construction Division within 4 weeks of accident date. If Police Report or other data are unavailable, submit partial report including interim determinations to the extent possible. Follow up with completed report as soon as missing items are available. The RCSC will report to the accident site as soon as practical after notification to coordinate the investigation and preparation of the required documentation.

Category III - Submit abbreviated Form B or Form C to Construction Division as soon as Police Report and other data are available. If any material is outstanding after 6 weeks, submit form with available information, follow up with additional items when available.

REPORT DISTRIBUTION - FORMS A, B & C

Regional Construction Safety Coordinator distributes copies as follows:

- Regional Director (Categories I & II only)
- Regional Construction Engineer
- Regional Health & Safety Representative
- Regional Traffic Engineer (Traffic accidents only)
- Regional Claims Engineer
- MO Construction Division

Construction Division distributes copies as follows:

- Employee Health & Safety (All Category I and II & Category III if DOT employee involved)
- Assistant Commissioner - Engineering (Category I)
- Executive Deputy Commissioner (Category I)
- Assistant Commissioner - Legal Affairs

To standardize the information reported for each accident, and to simplify and streamline the process to the extent possible, Forms A, B, and C have been developed. Form A is to be used for the initial written notification to the Construction Division (Category I accidents also require immediate telephone notification). Form B is to be used to provide the detailed report for traffic accidents, and Form C is for employee accidents (DOT, consultant or contractor). A sample form for witness statements is also attached; to ensure that all necessary information is obtained, this form should be used, or a fascimile providing the same information. For Category III accidents, it is expected that the level of report detail will be considerably less than for Category I and II.

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The brief description of the accident called for on the forms is intended to convey a factual account of the incident and should not be used to provide any analysis or assessment of responsibility or causative factors. Analysis and assessment are requested in attachments to Forms B & C and should be based on a complete investigation by qualified professionals having the appropriate responsibility and authority.

Each report provides a space for a 9 character report number (xx-xx-xxxx-x). The first two characters are for year, the next two for region, the next four for a sequential number assigned by the region starting at 0001 each year. The last character is the form designation (A, B or C). Except for the form designation, numbers for a given accident should be the same on the initial notification (Form A) and the accident report (Form B or C). Typical accident reports will include a number of additional items attached to the report form. Each of those must also be clearly marked using the Report Number.

Additional accident reporting requirements are contained in MAP 2.4-3-4, 2.14-5-1, and 4.4-2-1 and this Engineering Bulletin does not supersede those requirements. Depending upon the type of accident, Forms SAF-1, SAF-9, and C-2 may be required. If those forms are completed, copies must be attached to Form B or Form C. According to MAP 2.14-5-1, a Department Accident Review Board may be required for fatal or serious accidents involving Department employees or vehicles. If an Accident Review Board is convened relative to a construction accident, the reports required under this Engineering Bulletin shall be prepared in conjunction with the review board investigation. In such cases, an amended Form A should be filed immediately upon learning that an Accident Review Board has been convened to inform the Construction Division, and the reporting deadlines will then parallel the review board procedure.

NEW YORK STATE DEPARTMENT OF TRANSPORTATION
CONSTRUCTION DIVISION

Initial Notification of Work Zone Accident - Form A

Report No. _____ - A

Date _____ Time _____ AM ___ PM ___

Contract D _____ Contractor _____

Region _____ County _____ Route _____

EIC: Name _____ Title _____ Phone _____

MM (traffic acc. only) _____ - _____ - _____

Accident Category I _____ II _____ III _____

<u>Traffic</u>		<u>Non - Traffic</u>	
Motorist or Pedestrian-on project	_____	Contractor Employee	_____
Employee (Cont. Cons. DOT) on proj.	_____	Consultant Employee	_____
DOT Employee - off project	_____	DOT Employee	_____
		Private Citizen	_____

Description of Injuries (attach additional sheets if needed)

Name (if known)	DOT Empl.	Contr. Empl.	Consult. Empl.	Trav. Pub.	Title	Injury-Severity
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Provide brief description of accident, including how it related to Construction activity and M&PT:

Police, emergency squads involved _____

Briefly list construction activity or traffic controls involved in, related to, or associated with this accident _____

Report Prepared by:

Name _____ Title _____ Date _____
Phone _____

FORM A INSTRUCTIONS

Notification Requirements:

Category I - immediate - by phone (MO Construction or Duty Officer) FAX Form no later than next working day.

Category II - FAX Form no later than next work day

Category III - Transmit Form within 5 work days

Distribution:

By Regional Construction Safety Coordinator

- Regional Director (Categories I & II only)
- Regional Construction Engineer
- Regional Health & Safety Representative
- Regional Traffic Engineer (Traffic Accidents only)
- Regional Claims Engineer
- MO Construction Division

By MO Construction Division

- Director, Employee Health & Safety (All Category I and II, and Category III if DOT employee involved)
- Assistant Commissioner - Engineering (Category I)
- Executive Deputy Commissioner (Category I)
- Assistant Commissioner - Legal Affairs

MO Construction Division: Telephone - 518-457-6472
FAX - 518-485-8948

DOT Duty Officer: Telephone - 518-457-6164

NEW YORK STATE DEPARTMENT OF TRANSPORTATION
CONSTRUCTION DIVISION

Construction Work Zone Traffic Accident Report - Form B

Report No. _____ - _____ - _____ - B

Date _____ Time _____ AM _____ PM _____

Contract D _____ Contractor _____

Region _____ County _____ Route _____

EIC: Name _____ Title _____ Phone _____

Const. Supr.: Name _____ Phone _____

Subcontractor (if responsible for M&PT) _____

Brief accident description: Provided by: Name _____ Title _____

Accident Parameters

Weather _____ Pvt. Surface Condition _____

Light Conditions _____ Roadway Lighting _____

Investigating Police Agency _____ Officer _____

Contributory Factors _____

Witnesses (add additional sheets if necessary)

Name _____ Address _____ Phone _____

Report Prepared By: Name _____ Title _____ Date _____

Phone _____

FORM B CONTINUED

Indicate inclusion of the items listed by inserting the appropriate code in the space provided:

- A - attached to this report
- B - to be provided later
- NA - not applicable to this report.

- 1. NYS DMV Police Accident Report
 NYS DMV Motorist Accident Report
- 2. Traffic Control Plans from contract plans (if M&PT was involved).
- 3. Detailed sketch of accident site, (including M&PT if involved)
Prepared by: Name _____ Title _____ Date _____
- 4. Narrative description of accident, including description of vehicle, victims names, addresses, ages, and injuries, extent of property damage, witnesses statements, and other relevant information.
Prepared by: Name _____ Title _____ Date _____
- 5. Written assessment by construction supervisor of how this accident related to construction activity, and any needed corrective actions.
Prepared by: Name _____ Title _____ Date _____
- 6. All available photographs and newspaper accounts. List photographer, date, newspaper, etc.

- 7. Supplemental Forms
 - SAF-1 Prepared by: Name _____ Title _____ Date _____
 - SAF-2 Prepared by: Name _____ Title _____ Date _____
 - C-2 Prepared by: Name _____ Title _____ Date _____

NEW YORK STATE DEPARTMENT OF TRANSPORTATION
CONSTRUCTION DIVISION

Construction Employee Accident Report - Form C

Report No. _ _ - _ _ - _ _ - _ - C

Date _____ Time _____ AM _____ PM _____

Contract D _____ Contractor _____

Region _____ County _____ Route _____

EIC: Name _____ Title _____ Phone _____

Construction Supervisor: Name _____ Phone _____

Work Operation _____

Subcontractor (if involved) _____

Injured Employees (add additional sheet if needed)

Name	Employer	Title (job class, etc.)	Age	Injury
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Brief accident description: Provided by: Name _____ Title _____

Witnesses (add additional sheets if necessary)

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Report Prepared By: Name _____ Title _____ Date _____

Phone _____

FORM C CONTINUED

Accident Parameters

Weather _____ Light Conditions _____

Investigating Policy Agency _____ Officer _____

Contributory Factors _____

Indicate inclusion of the items listed by inserting the appropriate code in the space provided:

- A - attached to this report
- B - to be provided later
- NA - not applicable to this report.

- ___ 1. Narrative description of accident, including vehicles or equipment, work operation, victims addresses, witnesses statements, property damage, and other relevant information.
Prepared by: Name _____ Title _____ Date _____

- ___ 2. If OSHA or NYSDOL was notified, list office notified, date & time of field inspection, investigator. Attach copies of OSHA or NYSDOL reports or citations if available.

- ___ 3. Detailed sketch of accident site.
Prepared by: Name _____ Title _____ Date _____

- ___ 4. Plan sheets providing details of work operation if related.

- ___ 5. Police report if available.

- ___ 6. Description of safety equipment and personal protective equipment in use or required.
Prepared by: Name _____ Title _____ Date _____

- ___ 7. Provide written assessment by construction supervisor of how this accident related to construction activity, and any needed corrective actions.
Prepared by: Name _____ Title _____ Date _____

- ___ 8. All available photographs and newspaper accounts. List photographer, date, newspaper, etc.

9. Supplemental Forms
___ SAF-1 Prepared by: Name _____ Title _____ Date _____
___ SAF-2 Prepared by: Name _____ Title _____ Date _____
___ C-2 Prepared by: Name _____ Title _____ Date _____

