

# TRAFFIC SERVICES

Lt. Anthony O'Boyle

Traffic Coordinator

858 974-2089

# What does Traffic Services do?

- ▣ Monitor department related collisions
- ▣ Parking citation administrative review
- ▣ Manage OTS Grant
- ▣ Facilitate training for traffic deputies/motors
- ▣ Traffic Advisory Committee
- ▣ Manage the SO92s (home garage)
- ▣ Manage STAR Team
- ▣ Manage Sheriff's Motors
- ▣ Monitor Tow Contracts

# Traffic Collision defined

- ▣ An unintended event involving a vehicle in transport resulting in damage or injury

# Collisions involving Sheriff's Vehicles

## 5.4 P&P

- ▣ All collisions involving Sheriff's Department vehicles, publicly owned vehicles, or any vehicle in the performance of duty.
  
- ▣ Volunteers, Professional Staff, Sworn Staff

# Paperwork Required for a collision

▣ CD2

▣ RM3

▣ DR or written statement

# Traffic Unit Collision Investigation

- ▣ In contract cities, by a Sheriff's traffic unit
- ▣ In other jurisdictions
  - By agency of jurisdiction unless they refuse then a Sheriff's traffic unit from closest station

# When to do a Parallel Collision Inv.

- ▣ Agency of jurisdiction does not respond/refuses
- ▣ Collision occurred during a pursuit
- ▣ Requested by a supervisor/station command
- ▣ Collision resulted in death or serious injury to any party

# No traffic collision investigation necessary if:

- ▣ Only Sheriff vehicles or county property is involved and there are no injuries (backing collisions into our own vehicles, poles, gates, etc...)
- ▣ Admin investigation must still be completed



# No Admin Investigation if:

- ▣ Road Hazard:
  - Pot holes
  - Something unavoidable in roadway
  - Debris from vehicle in front
  
- ▣ Damage to unoccupied sheriff/county vehicle
  
- ▣ Vandalism

# Non-driving damage

- ▣ County vehicle damaged while parked, vandalism, hit and run, DO NOT require a supervisor investigation (RM3); only a CD-2 and DR for repair.
- ▣ E-mail CD2 and DR to Traffic Coord. Forward all originals to Traffic Coordinator within 24 hours of collision/incident.

# Driver Responsibilities

- ▣ Immediate notification to Communication Center
  
- ▣ Notification to supervisor
  
- ▣ Complete a Confidential Vehicle incident Report (CD2) and DR or written statement
  - Both reports turned in to supervisor by end of shift or next work day

# Supervisor Responsibilities

- ▣ When possible respond to the scene
- ▣ Make on-scene evaluation
- ▣ Photos
- ▣ Obtain case number if appropriate
- ▣ Obtain contact info from other agency

# Supervisor Responsibilities cont.

- ▣ Collect CD2 and DR
- ▣ Complete the Supervisors Accident Investigation Report (RM3)
- ▣ Attempt to determine if chargeable or non-chargeable

# Supervisor Responsibilities cont.

- ▣ You may need to wait until a traffic collision investigation is available
- ▣ Sign the RM3 and DR
- ▣ Scan and e-mail CD2, RM3 and DR to Traffic Coord. Forward all originals to Traffic Coordinator within 24 hours of collision/incident.

# Chargeable Collision

- ▣ Did employee violate any laws?
- ▣ Unsafe driving
- ▣ Cell phone, texting, computer usage, distractions 7.4 P&P prohibits use outside of emergency
- ▣ Traffic unit collision investigation
- ▣ Witnesses
- ▣ 2.35 of P&P

# Non-Chargeable

- ▣ County employee not at fault
  - Rear ended
  - Backed into



# Admin Investigation Due Date

- ▣ Completed traffic investigations are to be turned in within 60 days of the incident.

**What 3 items are needed after a collision?**

**▣ CD2**

**▣ RM3**

**▣ DR or written statement**

# Pursuit forms CHP 187

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**ALLIED AGENCY PURSUIT REPORT**  
CHP 187A (Rev. 5-18) OPT 033

SUPERVISOR'S INITIALS

VEHICLE PURSUIT NUMBER  
(For your agency's use only, if applicable)

CN# OR EVENT #

**ALL MOTOR VEHICLE PURSUIT DATA SHALL BE SUBMITTED NO LATER THAN 30 DAYS AFTER PURSUIT. SEE PAGE TWO FOR DETAILED INSTRUCTIONS.**

## SECTION I - Mandatory for all California Law Enforcement Agencies involved in vehicle pursuit.

1. AGENCY NCIC <b>3700</b>		2. AGENCY NAME (Specify district, i.e., LAPD Newton) <b>ASSIGNED STATION</b>		3. DATE VEHICLE PURSUIT WAS INITIATED		4. TIME VEHICLE PURSUIT WAS INITIATED (24 hr, e.g., 1430)	
5. PURSUED VEHICLE LICENSE PLATE NUMBER		6. STATE		7. VIN NUMBER (Complete only if bold plated or no license plate available)		8. TIME YOUR AGENCY BECAME INVOLVED IN VEHICLE PURSUIT (24 hr, e.g., 1430)	
9. CHECK THE CATEGORY THAT BEST DESCRIBES THE VEHICLE TYPE <input type="checkbox"/> Passenger Vehicle (Car, SUV, Mini-Van) <input type="checkbox"/> Passenger Vehicle (Car, SUV, Mini-Van) with Trailer <input type="checkbox"/> Motorcycle, Motor Driven Cycle, Motor Scooter <input type="checkbox"/> Pickup Truck <input type="checkbox"/> Pickup Truck with Trailer <input type="checkbox"/> Truck Tractor <input type="checkbox"/> Truck Tractor with Trailer <input type="checkbox"/> School Bus <input type="checkbox"/> Other Bus <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> Other							
10. TOTAL TIME YOUR AGENCY WAS INVOLVED VEHICLE PURSUIT (Minutes)			11. TOTAL DISTANCE YOUR AGENCY WAS INVOLVED IN VEHICLE PURSUIT (Miles)			12. COUNTY WHERE YOUR AREA INVOLVEMENT BEGAN	
13. AGENCY INITIATING VEHICLE PURSUIT			14. DID YOUR AGENCY TURN THE PURSUIT OVER? (If yes, indicate agency below) <input type="checkbox"/> No <input type="checkbox"/> Yes			15. DID YOUR AGENCY CONCLUDE VEHICLE PURSUIT? <input type="checkbox"/> No <input type="checkbox"/> Yes (complete SECTION II)	
16. LIST I.D. NUMBERS OF YOUR AGENCY'S OFFICERS INVOLVED IN VEHICLE PURSUIT (Do not list names)							
17. HIGHEST NUMBER OF INVOLVED UNITS AT ONE TIME IN YOUR AREA Ground: _____ Air: _____		18. CHECK ONE CONDITION THAT BEST DESCRIBES WEATHER DURING THE PURSUIT <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input type="checkbox"/> Other (Specify): _____				19. MAXIMUM SPEEDS ATTAINED Freeway: _____ Surface Streets: _____	
20. INDICATE ATTEMPTED FORCIBLE STOP(S) AND NUMBER OF TIMES ATTEMPTED Spike Strip: _____ PIT: _____ Other Ramping: _____ Excess H: _____ Remote Engine Disabler: _____ Other (Specify): _____				21. INDICATE THE NUMBER OF COLLISIONS THAT OCCURRED IN YOUR AREA Fatal: _____ Injury: _____ Property Damage Only: _____			
22. ORIGINAL VIOLATION OBSERVED BY AGENCY INITIATING THE VEHICLE PURSUIT (Leave blank if your agency did not initiate pursuit) Section & Code: _____ <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Infraction <input type="checkbox"/> BOL/Warrant/Wanted <input type="checkbox"/> Other (Specify): _____							

**If injuries were incurred as a result of collision during your agency's involvement in the vehicle pursuit and your agency did not conclude the pursuit, complete only item 23 in Section II below.**

## SECTION II - Complete only if your agency brought vehicle pursuit to conclusion (includes aborting of pursuit).

23. WERE INJURIES INCURRED AS A RESULT OF A COLLISION? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate number of each type below)				24. WERE INJURIES INCURRED AFTER THE VEHICLE PURSUIT? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate the number of each type below)			
Police Officer(s)	Suspect Driver	Suspect Passenger(s)	Uninvolved 3rd Party	Police Officer(s)	Suspect Driver	Self-Inflicted	Uninvolved 3rd Party
Fatal Injury				Fatal Injury			

Questions?