

## OFFICE OF THE CHIEF OF POLICE

ADMINISTRATIVE ORDER NO. 8

June 12, 2025

**SUBJECT: FLEET SAFETY REPORT, FORM 01.13.00 – REVISED; AND, ACCIDENT HISTORY, FORM 04.12.00 – RENAMED AND REVISED**

**PURPOSE:** This Order revises the Fleet Safety Report, Form 01.13.00, to make it consistent with the terminology and appeal process requirements in Department Manual Section (DMS 3/207.50). The term “crash” replaced the term “collision,” throughout the form, consistent with the Office the Chief of Police Notice, *Traffic Collision Report – Revised*, dated September 3, 2021. This Order further renames and revises the Accident History, Form 04.12.00. These forms are essential to recording officer-involved crashes, as well as points accumulated for officers involved in crashes, per the Employee-Involved Traffic Crash Point System Criteria.

**PROCEDURE:**

- I. **FLEET SAFETY REPORT, FORM 01.13.00 – REVISED.** The Fleet Safety Report, Form 01.13.00, has been revised to clarify that employees have 30 business days to submit a written appeal to the Department Fleet Safety Coordinator (DFSC), instead of 30 calendar days to do so. The term “crash” has also replaced the term “collision” throughout the form.
  
- II. **ACCIDENT HISTORY, FORM 04.12.00 – RENAMED AND REVISED.** The Accident History, Form 04.12.00, has been revised and renamed, Crash History. The revisions to this form include:
  - The term “Summary” has replaced the term “Remarks”;
  - The term “Crash” has replaced the term “Collision”; and,
  - The “Collision Diagram” has been removed, as the DFSC completes Form 04.12.00 for employees involved in traffic crashes, and forwards it to the involved employees’ command(s).

Forms 01.13.00 and 04.12.00 are attached with the revisions in italics. The use, completion, and distribution of these forms remains the same.

**FORM AVAILABILITY:** The revised Form 01.13.00 and Form 04.12.00 are available on the LAN, within E-Forms. All other versions of the forms shall be marked “obsolete” and placed into the Area/divisional recycling bin.

**AUDIT RESPONSIBILITY:** The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.

A handwritten signature in blue ink, appearing to read "Jim McDonnell", is written over the typed name and title.

JIM McDONNELL  
Chief of Police

Attachments

DISTRIBUTION "D"

	LOS ANGELES POLICE DEPARTMENT	CASE NO.	DIVISION
<b>FLEET SAFETY REPORT</b>			
DATE SENT TO BUREAU	NAME (LAST, FIRST, MI)	SERIAL NO.	RANK/CLASS.
		DATE APPOINTED	DEPT.
		CRASH DATE/TIME	
TRFG - DFSC	WEARING SEATBELT AT TIME OF T/C: DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO PASSENGER <input type="checkbox"/> YES <input type="checkbox"/> NO		
	INJURIES INVOLVED (VISIBLE, A OR K) - DATE COPY SENT TO TRAINING DIVISION FOR TRAFFIC CRASH DEBRIEF:		
	<b>TRAFFIC CRASH HISTORY</b>		
	DATE	CLASS.	PENALTY
1			
2			
	3		
	4		
	5		
	6		
BUR	BUREAU COMMANDING OFFICERS FORWARD THE FSR PACKAGE TO THE EMPLOYEE'S C/O WITHIN 10 BUSINESS DAYS OF RECEIPT.		
	DATE BUREAU RECEIVED FROM TRFG:		DATE BUREAU SENT TO EMPLOYEE'S C/O:
	<b>CLASSIFICATION</b> -Employee's Commanding Officer: Complete this section and forward FSR package and related reports to the bureau Commanding Officer within 45 business days of receipt.		DATE RECEIVED BY EMPLOYEE C/O:
	<input type="checkbox"/> NON-PREVENTABLE (NP) <input type="checkbox"/> PREVENTABLE (PREV) Complete adjudication section below.		WATCH HOURS ON DAY OF CRASH
	REASON:		START:                      END:
			WORK HISTORY              WORKED
			ONE DAY PRIOR <input type="checkbox"/> YES <input type="checkbox"/> NO
			TWO DAYS PRIOR <input type="checkbox"/> YES <input type="checkbox"/> NO
			THREE DAYS PRIOR <input type="checkbox"/> YES <input type="checkbox"/> NO
C/O OF INVOLVED EMPLOYEE	<b>LEVEL 1 AND LEVEL 2 PREVENTABLE TRAFFIC CRASH - RECOMMENDATION BY THE EMPLOYEE'S C/O</b>		
	LEVEL 1 - <input type="checkbox"/> 1 POINT    LEVEL 2 - <input type="checkbox"/> 2 POINTS    AND ONE OR MORE OF THE FOLLOWING:		
	<input type="checkbox"/> COUNSELING <input type="checkbox"/> DIRECTED DRIVER TRAINING REQUIRED (Attach copy of correspondence sent to TD)		
	<input type="checkbox"/> OTHER ACTION		
	<b>LEVEL 3 TRAFFIC CRASH - RECOMMENDATION BY THE EMPLOYEE'S C/O</b>		
	THE COMMANDING OFFICER MUST INDICATE IF THE TRAFFIC CRASH INVOLVED UNSAFE DRIVING (ANY OF THE BELOW)		
	UNAUTHORIZED CODE 3 <input type="checkbox"/> YES <input type="checkbox"/> NO    UNSAFE SPEED <input type="checkbox"/> YES <input type="checkbox"/> NO    FAILURE TO YIELD/STOP <input type="checkbox"/> YES <input type="checkbox"/> NO		
	OTHER UNSAFE DRIVING <input type="checkbox"/> YES <input type="checkbox"/> NO		
	IF YES AND PREVENTABLE LEVEL 3 <input type="checkbox"/> 3 POINTS    DISCIPLINARY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NTC OR <input type="checkbox"/> 1.28		
	IF YES AND NON-PREVENTABLE, THE EMPLOYEE'S C/O MUST TAKE ACTION AND ATTACH DOCUMENTATION OF THE ACTION TAKEN		
<b>ACCRUED POINT TOTALS:</b> PROVIDE TOTALS, TAKE APPLICABLE ACTION AND ADDITIONAL ACTIONS AS APPROPRIATE.			
TOTAL POINTS IN 24 MONTHS: _____ IF 3 - 4 POINTS: <input type="checkbox"/> DIRECTED DRIVER TRAINING REQUIRED <input type="checkbox"/> OTHER ACTION: (Attach copy of correspondence sent to TD)			
TOTAL POINTS IN 36 MONTHS: _____ IF 5 - 7 POINTS: <input type="checkbox"/> 6 MONTHS DRIVING RESTRICTION REQUIRED: FROM: _____ TO: _____ (DATES)			
IF 8+ POINTS OR 4 PREV T/C <input type="checkbox"/> REFERRED TO EXECUTIVE FLEET SAFETY COMMITTEE <input type="checkbox"/> OTHER ACTION:			
IF THE DRIVER AND/OR PASSENGER WAS NOT WEARING A SEATBELT, THE EMPLOYEE'S COMMANDING OFFICER MUST TAKE ACTION AND RELEASE A TEAMS II SUPERVISOR ACTION ITEM (SAI) TO DOCUMENT THE ACTION TAKEN AND PROVIDE THE SAI BELOW. IF NOT APPLICABLE INCLUDE REASON.			
<input type="checkbox"/> DRIVER WAS NOT WEARING SEATBELT    SAI OR COMPLAINT # _____    NOT APPLICABLE REASON _____			
<input type="checkbox"/> PASSENGER WAS NOT WEARING SEATBELT - PASSENGER NAME & SERIAL NUMBER _____			
SAI OR COMPLAINT # _____    NOT APPLICABLE REASON _____			
EMPLOYEE'S COMMANDING OFFICER NAME/SIGNATURE		SERIAL NO.	DATE FORWARDED TO BUREAU
EMP	I have been advised of the recommended adjudication and acknowledge that I have 30 business days to submit a written appeal to the DFSC.		
	EMPLOYEE'S SIGNATURE		DATE
BUREAU C/O	BUREAU REVIEW - Bureau Commanding Officer: After review, complete this section and forward FSR package and related reports to the Department Traffic Coordinator within 20 business days of receipt.		DATE RECEIVED BY BUREAU
	CONCUR WITH ABOVE CLASSIFICATION - <input type="checkbox"/> YES <input type="checkbox"/> NO (SUBMIT 15.02.00 WITH RATIONALE)		DATE SENT TO TRFG:
	CONCUR WITH ABOVE ACTION - <input type="checkbox"/> YES <input type="checkbox"/> NO (SUBMIT 15.02.00 WITH RATIONALE)		
	BUREAU COMMANDING OFFICER NAME/SIGNATURE		SERIAL NO.

<i>CRASH DATE AND TIME</i>	LOS ANGELES POLICE DEPARTMENT	<i>CASE NO.</i>	<i>DIVISION</i>
<b>FLEET SAFETY REPORT</b>			
<i>NAME (LAST, FIRST, MI)</i>	<input type="checkbox"/> DRIVER	<i>SERIAL NO.</i>	<i>RANK/CLASS.</i>
		<i>DATE APPOINTED</i>	<i>DEPT.</i>
<b>TRFG - DFSC</b>	<b>ADDITIONAL TRAFFIC CRASH HISTORY</b>		
	<i>DATE</i>	<i>CLASS.</i>	<i>PENALTY</i>
	<i>DATE</i>	<i>CLASS.</i>	<i>PENALTY</i>
<b>DTC OR TRFG</b>	FINAL ADJUDICATION OF LEVEL 1, 2 OR 3 TRAFFIC CRASH (ADJUDICATION WILL BE COMPLETED BY TRFG IF THE BUREAU AGREES WITH THE AREA/DIVISION'S RECOMMENDATIONS)		
	<input type="checkbox"/> CONCUR WITH AREA RECOMMENDATION <input type="checkbox"/> CONCUR WITH BUREAU RECOMMENDATION <input type="checkbox"/> REFER TO EXECUTIVE FLEET SAFETY COMMITTEE <input type="checkbox"/> OTHER ADJUDICATION INDICATE		
	DOES ADJUDICATION CONFLICT WITH BUREAU RECOMMENDATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DEPARTMENT TRAFFIC COORDINATOR CONSULTED WITH CONCERNED OFFICE DIRECTOR ON		
<i>DTC OR C/O, TRFG NAME/SIGNATURE</i>		<i>SERIAL NO.</i>	<i>DATE RECEIVED FROM TRFG:</i>
			<i>DATE RECEIVED BY TRFG FROM DTC:</i>
<b>EFSC OR DTC</b>	<b>LEVEL 4 CRASH - EXECUTIVE FLEET SAFETY COMMITTEE OR DEPARTMENT TRAFFIC COORDINATOR</b>		
	<input type="checkbox"/> 01.28.00	<i>CF NO:</i> _____	
	<input type="checkbox"/> DIRECTED DRIVER TRAINING		
	<input type="checkbox"/> DRIVING RESTRICTION FROM _____	TO _____ (DATES)	
	<input type="checkbox"/> ADMINISTRATIVE TRANSFER		
<input type="checkbox"/> OTHER (SPECIFY)			
<i>APPEAL SUBMITTED</i>		<i>DATE RECEIVED:</i>	<i>APPEAL DECISION:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>FINAL ADJUDICATION</i> <input type="checkbox"/> PREV <input type="checkbox"/> NP			
<i>COMMENTS:</i>			

**LOS ANGELES POLICE DEPARTMENT**

**CRASH HISTORY OF:**

NAME AND SERIAL NUMBER \_\_\_\_\_

CASE NO.	DATE	TIME	LOCATION		
VEHICLE	DIV	<input type="checkbox"/> ON-DUTY <input type="checkbox"/> OFF-DUTY	CLASS	PENALTY	
SUMMARY			<i>Please see the traffic crash report.</i>		

  

CASE NO.	DATE	TIME	LOCATION		
VEHICLE	DIV	<input type="checkbox"/> ON-DUTY <input type="checkbox"/> OFF-DUTY	CLASS	PENALTY	
SUMMARY			<i>Please see the traffic crash report.</i>		

  

CASE NO.	DATE	TIME	LOCATION		
VEHICLE	DIV	<input type="checkbox"/> ON-DUTY <input type="checkbox"/> OFF-DUTY	CLASS	PENALTY	
SUMMARY			<i>Please see the traffic crash report.</i>		

  

CASE NO.	DATE	TIME	LOCATION		
VEHICLE	DIV	<input type="checkbox"/> ON-DUTY <input type="checkbox"/> OFF-DUTY	CLASS	PENALTY	
SUMMARY			<i>Please see the traffic crash report.</i>		

  

CASE NO.	DATE	TIME	LOCATION		
VEHICLE	DIV	<input type="checkbox"/> ON-DUTY <input type="checkbox"/> OFF-DUTY	CLASS	PENALTY	
SUMMARY			<i>Please see the traffic crash report.</i>		