



**MEMBER INVOLVED COLLISION REVIEW • Erie Police Department**

Photo(s) Attached  Yes  No

<b>THIS SECTION MUST BE COMPLETED BY THE ON DUTY SUPERVISOR FOR ALL EPD VEHICLE COLLISIONS</b>	Officer Involved in Collision or Parked Unattended <input type="checkbox"/>			Badge No.	Assignment		
	Location of Collision		District	Date	Time	Damage Over \$1000 <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of Collision		Damage to Police Vehicle		Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	EPD Unit #	<input type="checkbox"/> Marked <input type="checkbox"/> Unmarked	Type of Call		Est. Speed mph	No. Injuries	Ofc. Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Emergency Equipment in Operation			Location When Activated			
	Skid Marks of EPD Unit <input type="checkbox"/> Before Impact <input type="checkbox"/> After Impact		Evasive Action(s) Taken by Officer				
	Identify Relevant Defects of EPD Unit						
	Other Vehicle(s) Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Speed mph	Skid Marks of Other Vehicle				
	Other Vehicle Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Injuries		Other Party Transported? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	On Duty Supervisor's Opinion of Accident Cause						

Supervisor's Name (Print)	Badge No.	Supervisor's Signature / Date
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**COMMANDER OR DEPUTY CHIEF'S FINDINGS UPON REVIEW:**

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**RECOMMENDATION OPTIONS:**

A. Oral Reprimand

B. Written Reprimand

C. Loss of Days - one to five days

D. Suspension for three to ten days without pay and Remedial Driver's Training

E. Suspension for a minimum of five days without pay, or more stringent action, as appropriate, and Remedial Driver's Training. Note: The Commander and/or Deputy Chief may, at any time, recommend Remedial Driver's Training in addition to any other disciplinary recommendation prescribed.

**RECOMMENDATION: SERGEANT**

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SERGEANT \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDATION: COMMANDER OR DEPUTY CHIEF**

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COMMANDER OR DEPUTY CHIEF \_\_\_\_\_ Date \_\_\_\_\_

**DECISION: CHIEF OF POLICE**

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Chief of Police \_\_\_\_\_ Date \_\_\_\_\_