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MOTOR VEHICLE USE PROGRAM SUPERVISOR'S ACCIDENT FOLLOW-UP CHECKLIST

Supervisors are to complete this checklist and forward it to the Risk Management Services Division (RMS) within 2 work days of being advised of an on-the-job accident that occurred while driving on state business.

DRIVER INFORMATION	
Name	Work Unit
Date of Accident	Frequency of driving on state business <input type="checkbox"/> Weekly or more often <input type="checkbox"/> Infrequently

CHECKLIST												
<input type="checkbox"/> Meet with the Driver to discuss the details of the accident.												
<input type="checkbox"/> Did the driver meet the following requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
<table border="1"><thead><tr><th>Requirement</th><th>Date</th></tr></thead><tbody><tr><td>Obtain all necessary information at the scene</td><td></td></tr><tr><td>Call loss into 1-877-656-7475 or ARI within 48 hours</td><td></td></tr><tr><td>Respond to any acknowledgements or requests sent by DOAS RMS</td><td></td></tr><tr><td>Obtain the police report, if requested, and forward to DOAS RMS</td><td></td></tr></tbody></table>			Requirement	Date	Obtain all necessary information at the scene		Call loss into 1-877-656-7475 or ARI within 48 hours		Respond to any acknowledgements or requests sent by DOAS RMS		Obtain the police report, if requested, and forward to DOAS RMS	
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<input type="checkbox"/> Discuss appropriate corrective action, depending on whether the driver was cited for the accident.	<table border="1"><thead><tr><th>Recommendation</th><th>Date</th></tr></thead><tbody><tr><td>On-line defensive driving course at employee's expense</td><td></td></tr><tr><td>View an appropriate driver safety video</td><td></td></tr><tr><td>No further action warranted</td><td></td></tr></tbody></table>		Recommendation	Date	On-line defensive driving course at employee's expense		View an appropriate driver safety video		No further action warranted			
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<input type="checkbox"/> Forward to DOAS Accident Review Panel for the following determinations:												
<input type="checkbox"/> Preventable												
<input type="checkbox"/> Non-Preventable												
<input type="checkbox"/> Additional Recommendations												
<input type="checkbox"/> Forward copy to Human Resources for placement in the employee's personnel file.												

SUPERVISOR INFORMATION	
Printed Name	Work Unit
Signature	Date