



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" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 80%; text-align: center; padding: 5px;">Requirement</th><th style="width: 20%; text-align: center; padding: 5px;">Date</th></tr></thead><tbody><tr><td style="padding: 5px;">Obtain all necessary information at the scene</td><td style="padding: 5px;"></td></tr><tr><td style="padding: 5px;">Call loss into 1-877-656-7475 or ARI within 48 hours</td><td style="padding: 5px;"></td></tr><tr><td style="padding: 5px;">Respond to any acknowledgements or requests sent by DOAS RMS</td><td style="padding: 5px;"></td></tr><tr><td style="padding: 5px;">Obtain the police report, if requested, and forward to DOAS RMS</td><td style="padding: 5px;"></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.											
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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