

SUBJECT: VEHICLE ACCIDENT REPORTING

EFFECTIVE  
DATE: 03-22-11 (replaces 04-01-05)

APPROVED BY:

Reviewed (no changes): \_\_\_\_\_  
\_\_\_\_\_

Executive Director

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POLICY

It is the policy of McIntosh Trail Community Service Board that all vehicle accidents must be reported. There are no exceptions.

PROCEDURE

**Accident Reporting:**

Whenever an accident involving a State or CSB owned or operated motor vehicle occurs, the following reports must be made:

1. YOU MUST ADVISE YOUR SUPERVISOR OF ALL ACCIDENTS, REGARDLESS OF THE AMOUNT OF DAMAGES, AS SOON AS PRACTICABLE. YOU SHOULD NOTIFY THE PROPER LAW ENFORCEMENT AGENCY AND GET AN ACCIDENT REPORT FROM THEM.
2. If you are in an accident, be sure to get the following information:
  1. Date, time, and place;
  2. State vehicle - year, make, model, and tag number.
  3. Describe the accident. Include:
    - a. Direction each vehicle was traveling;
    - b. Weather conditions;
    - c. Details of the accident.
  4. For all individuals involved, please include: name, address, employer, home, and work phone numbers.

Describe injuries claimed and observed; identify the hospital the injured will be transported, if applicable. Include all of this information for the following individuals:

- a. Insured (state vehicle) driver
  - b. State vehicle passengers
  - c. Other driver(s)
  - d. Other vehicle(s) passenger(s)
  - e. Witness(es)
5. Other vehicle(s): year, make, model, tag number, insurance company, and policy number;
  6. Police: agency, officer, citation(s) issued, to whom they were issued.

Obtain this information at the scene of the accident. Do not wait for the police report.

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PROCEDURE (Continued)

3. REPORTING

1. Report the accident within 48 hours. DOAS will ask you to answer the questions above when you are reporting the accident.  
State of Georgia DOAS  
Self Insured Program  
Toll Free Phone: 1-877-656-7475
2. Complete and fax the DHS Initial Vehicle Accident Reporting Form (Attachment 1) to:  
DHS Risk Management  
Office of Facilities & Support Services  
2 Peachtree Street, NW, Suite 29.494  
Atlanta, Georgia 30303-3142  
Phone number: 404-651-8089  
Fax: 404-657-6215
3. Follow up within seven (7) days of the accident by sending the Supervisor's Accident Investigation Report (Attachment 2) and a police report to DHS Risk Management. If the accident takes place on private property and there is no police report, then a Personal Report of Accident form (Attachment 3) must be completed. These forms must be mailed or faxed to the above address no later than ten (10) days following the accident.
4. Payment of Claims:  
All repair work must be completed and all of the required documentation submitted to DHS Risk Management within 90 days of the accident date. Any claims received for reimbursement after the 90 day cut off date **WILL NOT** be reimbursed.
5. Recovery of loss - the following are the proper procedures for each loss recovery:
  - a. Glass breakage: Secure two estimates, have the window replaced by the lowest bidder, and submit a paid invoice along with the two bids to the DHS Risk Management Office. There is a \$250.00 deductible for this type of claim.
  - b. Vehicle damage (when your driver is at fault): Secure one estimate; if the bidder's repair estimate is below \$2,500, have the vehicle repaired by this bidder and submit a paid invoice, the estimate, the police report, and the Supervisor's Accident Investigation Report (Attachment 2) to the DHS Risk Management Office. There is a \$250.00 deductible for this type of claim. If the estimate is over \$2,500.00, the organization must contact the DHS Risk Management Office for specific instructions concerning the vehicle repair.
  - c. Vehicle damage (when your driver is not at fault): Your local insurance coordinator should notify the other driver's insurance company and coordinated repairs or settlement with them. If the damage estimate reflects a "total loss", immediately notify the DHS Risk Management Office.

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PROCEDURE (Continued)

3. REPORTING (Continued)

5. d. Insurance Reimbursement: After you obtain authorization for repairs above \$2,500.00, but less than a "total loss", you must repair the vehicle before you will be reimbursed. If the damaged vehicle cannot be driven back to the organization, call Risk Management Office for specific instructions.

Submit all storage and towing charges along with the estimates, a copy of your purchase order for the vehicle repair, and/or a copy of the paid invoice and check, police report, and the Supervisor's Investigation Report to the DHS Risk Management Office.

6. Within ten (10) days following a motor vehicle accident in which any person is killed or injured or in which damage to property of any person amounts to \$250 or more, Form SR-13 must be completed and sent to:

Department of Public Safety  
Safety Responsibility Unit  
P.O. Box 1456  
Atlanta, Georgia 30371

7. For all accidents involving the injury or death of a state employee, the following form must be completed within ten days after the accident:  
Employer's First Report of Injury or Occupational Disease (Form WCI) with the Worker's Compensation Claims Manager, Department of Administrative Services, Fiscal Division, P.O. Box 38198, Atlanta, Georgia 30334 (Chapter 3 XIIC)
8. Copies of all reports are to be furnished to the Administrative Services Manager.

Reference:

DHS Admin.Policy & Procedure Manual XIII A.1

Attachments:

1. DHS Initial Vehicle Accident Reporting Form
2. Supervisor's Accident Investigation Report
3. Personal Report of Accident