



## 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	
<b>Name</b>	<b>Work Unit</b>
<b>Date of Accident</b>	<b>Frequency of driving on state business</b> <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	
<b>Requirement</b>	<b>Date</b>
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	
<input type="checkbox"/> Discuss appropriate corrective action, depending on whether the driver was cited for the accident.	
<b>Recommendation</b>	<b>Date</b>
On-line defensive driving course at employee's expense	
View an appropriate driver safety video	
No further action warranted	
<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	
<b>Printed Name</b>	<b>Work Unit</b>
<b>Signature</b>	<b>Date</b>