



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 workdays 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 ☐ Weekly or more often ☐ Infrequently

CHECKLIST											
☐ Meet with the Driver to discuss the details of the accident.											
☐ Did the driver meet the following requirements? ☐ Yes ☐ 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></td></tr><tr><td style="padding: 5px;">Call Toll Free 1-877-656-7475 Report accidents within 48 hours</td><td></td></tr><tr><td style="padding: 5px;">Respond to any acknowledgements or requests sent by DOAS RMS</td><td></td></tr><tr><td style="padding: 5px;">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 Toll Free 1-877-656-7475 Report accidents 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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☐ Discuss appropriate corrective action, depending on whether the driver was cited for the accident.											
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☐ Forward to DOAS Accident Review Panel for the following determinations: ☐ Preventable ☐ Non-Preventable ☐ Additional Recommendations											
☐ Forward copy to Human Resources for placement in the employee's personnel file.											

SUPERVISOR INFORMATION	
Printed Name	Work Unit
Signature	Date