

# Auto Accident Checklist

- WHEN AN ACCIDENT OCCURS:** If injured, seek medical attention immediately. Employees and volunteers are expected to use the County's designated physician(s) or hospital(s) whenever possible. Be sure to inform the treating physician that your injury is work related. See checklist on Industrial Injuries.
- FORMS:** When an auto accident or liability incident occurs, employees are instructed to report to their supervisor and complete, in detail, the NOTICE OF LOSS/ACCIDENT FORM provided by our insurance administrator. Each vehicle should have the form in the glove box or you may request one from the Risk Management Division at 782-9860. This form should be forwarded to the Risk Management Division **within 48 hours** from the date of the incident.
- CONTACT THE POLICE:** A Police Report should be filed for all **moving violations and traffic light damages**. NRS 485 for evidence of insurance and registration does not apply to municipalities. Therefore, we do not show insurance and registration to authorities.
- DRUG AND ALCOHOL TESTING:** All drivers involved in a traffic accident with moving violations should be referred to Carson Valley Medical Center in the valley or Barton Memorial Hospital at the lake, for post accident Drug and Alcohol Testing. See policy for details. Van Drivers must contact their supervisor for instructions before leaving the scene of the accident.
- PHOTOGRAPHS:** Photographs of vehicle damages shall be forwarded to the Risk Management Division, to be included with the report.
- VEHICLE REPAIRS:** The accident shall be referred to Vehicle Maintenance and two bids shall be received for repair of the vehicle. All Douglas County vehicles shall be maintained in good working condition. Problems with vehicles should be reported to Vehicle Maintenance.
- INSURANCE ADMINISTRATOR:**  
Alternative Service Concepts, LLC.  
Phone (775) 329-1181  
639 Isbell Road, Suite 390  
Reno, NV 89509
- DESIGNATED PHYSICIANS:**  
  

**IN THE VALLEY:** CARSON VALLEY MEDICAL CENTER  
OCCUPATIONAL HEALTH  
897 IRONWOOD DR.  
MINDEN, NV 89423  
(775) 782-1615

**AT THE LAKE:** BARTON MEMORIAL HOSPITAL  
2170 SOUTH AVE.  
SOUTH LAKE TAHOE, CA  
(530) 542-3000
- QUESTIONS:** Please contact Megan Everett in Human Resources at 782-9891.

# NOTICE OF ACCIDENT/LOSS FORM

\* Attach Sheriff's report and forward to Douglas County Risk Management **WITHIN 48 HOURS** \*

<b>INCIDENT DATE:</b>	<b>TYPE OF LOSS</b>	(1) Motor Vehicle <input type="checkbox"/>	(2) Property <input type="checkbox"/>	(3) Liability <input type="checkbox"/>
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## (1) MOTOR VEHICLE ACCIDENT (Vehicle #1 - County Vehicle)

Year, Make, Model	License Number	County Vehicle ID Number	VIN(Vehicle Identification Number)
Driver's Name		Position Title	Department
Time of Day that Accident Occurred		Residence Phone	Work Phone
Location of Accident (Note highway/street name, intersection, etc)		Contact Person	Phone
Describe Damage to Vehicle (complete page 2 & 3)			

## (2) PROPERTY DAMAGE (or Vehicle #2)

Year, Make, Model	License Number	VIN(Vehicle Identification Number)		
Owner's Name		Residence Phone	Work Phone	
Owner's Street/Mailing Address		City	State	Zip
Driver's Name (Leave blank if same as owner)		Residence Phone	Work Phone	
Driver's Street/Mailing Address		City	State	Zip
Describe Damage (complete page 2 & 3)				

## (3) LIABILITY/INJURY

(1) Name	Residence Phone	Describe Injury (attach additional info)		
Street/Mailing Address	City			
(2) Name	Residence Phone	Describe Injury (attach additional info)		
Street/Mailing Address	City			

## WITNESSES or PASSENGERS

(1) Name	Residence Phone	Work Phone		
Street/Mailing Address	City	State	Zip	
(2) Name	Residence Phone	Work Phone		
Street/Mailing Address	City	State	Zip	
(3) Name	Residence Phone	Work Phone		
Street/Mailing Address	City	State	Zip	

## SHERIFF

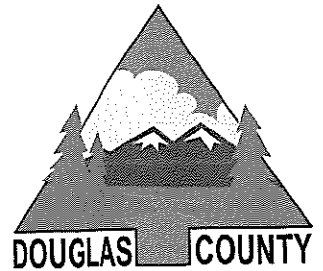
Sheriff Investigation? (circle one)		Highway Patrol Investigation? (circle one)	
Yes      No		Yes      No	
Investigating Officer	Investigating Officer		
Report Number	Report Number		

## RISK MANAGEMENT ONLY

File Name:	Date Received:
Insurance Claim Number:	Date Sent to W/C:
Risk Management Signature:	Copies sent to: <span style="float: right; font-size: small;">j:\Safety\Forms\Accident Form</span>

**DOUGLAS COUNTY  
NOTICE OF LOSS/ACCIDENT**

Continued  
(Please print or type)



**Describe how the accident happened:**

Weather: \_\_\_\_\_  
Road Conditions: \_\_\_\_\_  
Your Speed: \_\_\_\_\_

**Description of the accident and sequence of events leading to the accident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diagram:**

**Fill in name of streets, locate vehicles, indicate direction of travel:**

**Person Submitting Report:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

Please print or type clearly.  
Attach all completed forms/photos/invoices.  
Forward to Risk Management within 48 hours.

**VEHICLE COLLISION REVIEW**  
**To be completed by Supervisor**  
(please print or type)

Name of Employee: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Type of Collision:    Vehicle Ahead     Vehicle Behind     Backing     Animal     Side Swipe   
Bicycle     Pedestrian     With Fixed Object     Run-off Road     Head On   
Other: \_\_\_\_\_

Did our driver violate a traffic regulation?                      Yes                       No

Was our driver given a citation by police?                      Yes                       No

In your opinion, what caused the collision? \_\_\_\_\_  
\_\_\_\_\_

Did our driver claim that any malfunctioning or defective vehicle component(s) caused the collision?  
Yes                       No

Were any of the following conditions less than good at the time of the collision?  
Traffic                       Weather                       Light                       Road   
Other: \_\_\_\_\_

What was the condition of the driver?                      Normal                       Fatigued                       Sick                       Intoxicated

Was the driver tested for drug & alcohol?    Yes     No     Location of testing? \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Was the collision preventable?                      Yes                       No   
(Preventable defined as: an accident in which the driver in questions failed to do everything he/she reasonably could have done to prevent the occurrence.)

If preventable, what corrective action do you recommend to prevent a future occurrence of the same type?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was disciplinary action taken against the driver?    Yes                       No

Print name of supervisor: \_\_\_\_\_ Division: \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Please print or type clearly.  
Attach all completed forms/photos/invoices.  
Forward to Risk Management within 48 hours.